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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000014837

1. Corporation Name

ECHELON AFFORDABLE DEVELOPMENT, INC.

Principal Place of Business

ONE PROGRESS PLAZA
SUITE 1500
ST PETERSBURG FL 33701

Mailing Address

ONE PROGRESS PLAZA
SUITE 1500
ST PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 450 Carillon Parkway	26 450 Carillon Parkway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 200	27 Suite 200
City & State	City & State
23 St. Petersburg, FL	28 St. Petersburg, FL
Zip Country	Zip Country
24 33716 25 USA	29 33716 30 USA

3. Date Incorporated or Qualified

02/12/1998

4. FEI Number

59-3493163

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JOHNSON, SUSAN G
ONE PROGRESS PLAZA
SUITE 1500
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name
Susan G. Johnson
82 Street Address (P.O. Box Number is Not Acceptable)
450 Carillon Parkway, Suite 200
83
84 City
St. Petersburg **FL** 85 Zip Code
33716

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Susan G. Johnson
Signature, typed or printed name of registered agent and title if applicable.

Susan G. Johnson

(NOTE: Registered Agent signature required when reinstating)

DATE

3/29/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINS, RAYMOND F	1.2 NAME	Raymond F. Higgins
STREET ADDRESS	ONE PROGRESS PLAZA	1.3 STREET ADDRESS	450 Carillon Parkway, Suite 200
CITY-ST-ZIP	ST PETERSBURG FL 33701	1.4 CITY-ST-ZIP	St. Petersburg, FL 33716
TITLE	SVD <input type="checkbox"/> DELETE	2.1 TITLE	D/V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, SUSAN G	2.2 NAME	Susan G. Johnson
STREET ADDRESS	ONE PROGRESS PLAZA	2.3 STREET ADDRESS	450 Carillon Parkway, Suite 200
CITY-ST-ZIP	ST PETERSBURG FL 33701	2.4 CITY-ST-ZIP	St. Petersburg, FL 33716
TITLE	VTD <input type="checkbox"/> DELETE	3.1 TITLE	D/V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBBS, JAMES R JR.	3.2 NAME	James R. Hobbs, Jr.
STREET ADDRESS	ONE PROGRESS PLAZA	3.3 STREET ADDRESS	450 Carillon Parkway, Suite 200
CITY-ST-ZIP	ST PETERSBURG FL 33701	3.4 CITY-ST-ZIP	St. Petersburg, FL 33716
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORAMUS, W M	4.2 NAME	W. Michael Doramus
STREET ADDRESS	ONE PROGRESS PLAZA	4.3 STREET ADDRESS	500 N. Akard, Suite 3000
CITY-ST-ZIP	ST PETERSBURG FL 33701	4.4 CITY-ST-ZIP	Dallas, TX 75201
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINSLEY, TIMOTHY S	5.2 NAME	
STREET ADDRESS	ONE PROGRESS PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33701	5.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISP, AMY L ASST.	6.2 NAME	
STREET ADDRESS	ONE PROGRESS PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33701	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan G. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/99

727-803-8200

CR2E034 (11/98)