

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90059 042 ***150.00

DOCUMENT # P98000027370

1. Corporation Name
ECHELON AT BAY ISLE KEY, INC.



Principal Place of Business
ONE PROGRESS PLAZA
STE 1500
ST PETERSBURG FL 33701

Mailing Address
ONE PROGRESS PLAZA
STE 1500
ST PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 450 Carillon Parkway
Suite, Apt. #, etc.
22 Suite 200
City & State
23 St. Petersburg
Zip
24 33716 Country
25 USA

2a. Mailing Address
26 450 Carillon Parkway
Suite, Apt. #, etc.
27 Suite 200
City & State
28 St. Petersburg
Zip
29 33716 Country
30 USA

3. Date Incorporated or Qualified
03/20/1998

4. FEI Number
59-3500111

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$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
GLATTHORN JOHNSON, SUSAN
ONE PROGRESS PLAZA
STE 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)

3/29/99
DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HIGGINS, RAYMOND R	
STREET ADDRESS	ONE PROGRESS PLAZA, STE 1500	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	GLATTHORN JOHNSON, SUSAN	
STREET ADDRESS	ONE PROGRESS PLAZA, STE 1500	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	HOBBS, JAMES R JR	
STREET ADDRESS	ONE PROGRESS PLAZA, STE 1500	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CRISP, AMY L	
STREET ADDRESS	ONE PROGRESS PLAZA, STE 1500	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MCDONALD, SHERRY L	
STREET ADDRESS	ONE PROGRESS PLAZA, STE 1500	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Raymond F. Higgins	
1.3 STREET ADDRESS	450 Carillon Parkway, Suite 200	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33716	
2.1 TITLE	D/V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Susan G. Johnson	
2.3 STREET ADDRESS	450 Carillon Parkway, Suite 200	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33716	
3.1 TITLE	D/V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	James R. Hobbs, Jr.	
3.3 STREET ADDRESS	450 Carillon Parkway, Suite 200	
3.4 CITY-ST-ZIP	St. Petersburg, FL 33716	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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* Susan G. Johnson

3/29/99
Date

727-803-8200
Daytime Phone #

CR2E034 (11/98)

0404812