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Mar 31, 1999 8:00 am Secretary of State

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Mailing Address

ONE PROGESS PLAZA

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000027374

1. Corporation Name

Principal Place of Business ONE PROGESS PLAZA

ECHELON AT THE RESERVE I, INC.

STE 1500 STE 1500				DO NOT WRITE IN THIS SPACE			
ST PETERSBURG FL 33701 ST PETERSBURG FL 33701				3. Date Incorporated or Qualified			
Į.					03/20/1998		į
2. Principal Place of Business 2a. Mailing Add			ddress		4. FEI Number		Applied For
21 450 Carillon Parkway 26 450 Caril			n Parkway		59-3500117	├	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75	Additional	
		27 Suite 200		5. Certificate of Status Desired	Fee	Required	
City & State		City & State		6. Election Campaign Financing	\$5.0	May Be	
23 St. Petersburg, FL		28 St. Petersburg, FL		Trust Fund Contribution Added to Fees			
		Zip	Zip Country		8. This corporation owes the current year Intangible		
24 33716 25 USA 29 33716 30			TUSA Fersonal Floperty Tax:			ĎNo	
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
CLATTICON IOUNICON CUCAN				ne G	and C. Talancan		
GLATTHORN JOHNSON, SUSAN			Susan G. Johnson 82 Street Address (P.O. Box Number is Not Acceptable)				
ONE PROGESS PLAZA			450 Carillon Parkway, Suite 200				
STE 1500			83				
ST PETERSBURG FL 33701.			84 City			85 Zig	Code
}			1 1 6	:+ 104	etersburg	FL 3	3716
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 687.0505, Florida Statutes.							
agent. I am familiar with, and acceptathe obligations of, Section 607.0505, Florida Statutes.							
SUSAN G. Johnson							
Signature, typed or printed replife of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE (NOTE: Registered Agent signature required when reinstating)							
12.	PD /OFFICERS AND	DIRECTORS	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	AT Change	
TITLE		C) DETECTE		D/P			_
NAME	HIGGINS, RAYMOND F	M	1,2 NAME		mond F. Higgins		ì
STREET ADDRESS	ONE PROGESS PLAZA, STE 150 ST PETERSBURG FL 33701	N	1,3 STREET ADDRE	430	Carillon Parkway, St		
CITY-ST-ZIP	VSD	☐ DELETE	1.4 CITY-\$T-ZIP 2.1 TITLE		Petersburg, FL 3371	Chang	e
TITLE	GLATTHORN JOHNSON, SUSAN	_	22 NAME	D/V,			_
NAME	ONE PROGESS PLAZA, STE 150		2.3 STREET ADDRE		san G. Johnson	- 11- 200	
STREET ADDRESS	ST PETERSBURG FL 33701	Ju	2.4 CITY-ST-ZIP	42	O Carillon Parkway, S . <u>Petersburg, FL</u> 33	Suite 200	Į
CITY-ST-ZIP	VTD	DELETE	3.1 TITLE		- :	Change	Addition
NAME	HOBBS, JAMES R JR		3.2 NAME	1 '	V/T		l
	ONE PROGESS PLAZA, STE 150	30	3.3 STREET ADDR		mes R. Hobbs, Jr.	Swite 200	
STREET ADORESS	ST PETERSBURG FL 33701	••	3.4. CITY-ST-ZIP		O Carillon Parkway,		
TITLE	S	X DELETE	4,1 TITLE	St	. Petersburg, FL 33	☐ Chang	e ☐ Addition
NAME	CRISP, AMY L		4, 2 NAME			•	
STREET ADDRESS	ONE PROGESS PLAZA, STE 150	20	4.3 STREET ADDR	ss			
CITY-ST-ZIP	ST PETERSBURG FL 33701		4.4 CITY-ST-ZIP				
TITLE	S	DELETE	5.1 TITLE	-		☐ Chang	e Addition
NAME	MCDONALD, SHERRY L		5.2 NAME				
		5.3 STREET ADDRESS					
CITY-ST-ZIP	ST PETERSBURG FL 33701		5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE	_		☐ Chang	e 🔲 Addition
NAME			6.2 NAME	1			
OTDEET ADDRESS			6.3 STREET ADDR	SS	•		

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Susan G. Johnson OF SIGNING OFFICER OR DIRECTOR

727-803-8200