Mailing Address

ONE PROGRESS PLAZA

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000028245

Principal Place of Business

ONE PROGRESS PLAZA

ECHELON AT WOODLAND PARK, INC.

STE 1500 ST PETERSBURG FL 33701		ST PETERSBURG FL 33701			DO NOT WRITE IN THIS SPACE			
31 FEICHODU	10 FL 33701	ST TELENOBORO TE WATER			3. Date Incorporated or Qualifed			
					03/24/1998			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	App	lied For	
21 450 Carillon Parkway 26 450 Carillon			Parl	cway	59-3500511	Not	Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Certifcate of Status Desired \$8.75 Additional Fee Required			
22 Suite 200 27 Suite 200							·	
City & State City & State			יים		6. Election Campaign Financing	g □ \$5.00 May Be Added to Fees		
23 501 10001050119 28			Country		Trust Fund Contribution		rees	
Zip	Country	Zip	_	•	8. This corporation owes the current year Intang		⊠No	
24 3371			0 U	SA	Personal Property Tax. 10. Name and Address of New Registered Ag		E3140	
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New Registered Ag	CITE CONTRACTOR		
OLATTHOOM IOUNIONI CHOM					Susan G. Johnson			
GLATTHORN JOHNSON, SUSAN					Address (P.O. Box Number is Not Acceptable)			
ONE PROGRESS PLAZA				450	Carillon Parkway, Suite 200			
STE 1500				83				
ST PETERSBURG FL 33701				84 City		85 Zip C	ode	
				st.	. Petersburg FL 85 Zip Code 33716			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	i, the ab	ove-named	corporation submits this statement for the purpose of ch	anging its r nent as reg	istered	
agent. I a	registered agent, of both, in the State of am familiar with, and accept the obligati	ons of, Section 607.0505, Florid	la Statu	tes.	oration's board of directors. I hereby accept the appointment of the purpose of the oration's board of directors.	•		
SIGNATURE				Johr				
SIGNATURE	Signature keped or printed name of registered agent	and title if applicable. (NOTE: F	egistered /	gent signature	required when reinstating) DATE	DIRECTO	DC IN 42	
12.	OFFICERS AND		13.		ADDITION CHANGES TO OFFICERS AND	T Change	Addition	
TITLE	PD	☐ DELETE	1.1 1111		D/ F	_] Change		
NAME	HIGGINS, RAYMOND F		1.2 NA	Æ	Raymond F. Higgins			
STREET ADDRESS ONE PROGRESS PLAZA, STE 1500			1.3 STF	TREETADDRESS 450 Carillon Parkway, Suite 200				
CITY-ST-ZIP	ST PETERSBURG FL 33701			Y-ST-ZIP	St. Petersburg, FL 33716		- Addition	
TITLE	VSD	☐ DELETE	2.1 TITI	E,	D/V/S	Change	☐ Addition	
NAME	GLATTHORN JOHNSON, SUSAN F			Æ	Susan G. Johnson			
STREET ADDRESS	ONE PROGRESS PLAZA, STE 1	500	2.3 STF	EET ADDRESS	450 Carillon Parkway, Suite	200	•	
CITY-ST-ZIP	ST PETERSBURG FL 33701		2.4 CI	Y-ST-ZIP	St. Petersburg, FL 33716	Change	C Addition	
TITLE	VTD □ DELETE		3.1 ₹111	.E	D/V/T	Change	☐ Addition	
NAME	HOBBS, JAMES R JR		3.2 NA	Æ	James R. Hobbs, Jr.			
STREET ADDRESS				REET ADDRESS		200		
CITY-ST-ZIP	ST PETERSBURG FL 33701		3.4. Cf	Y-ST-ZIP	St. Petershurg FL 33716			
TITLE	S			.E]	Change	Addition	
NAME	CRISP, AMY L		4. 2 NA	ME				
STREET ADDRESS		500	4.3 ST	REET ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL 33701		4.4 CIT	Y-ST-ZIP				
					T	~	- Addition	

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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

MCDONALD, SHERRY L

ST PETERSBURG FL 33701

ONE PROGRESS PLAZA, STE 1500

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Susan G. Johnson

☑ DELETE

☐ DELETE

727-803-8200

FILED Mar 31, 1999 8:00 am

Secretary of State

03-31-1999 90060 003 ***150.00

Change

☐ Change

☐ Addition

Addition