

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

DOCUMENT # P98000028248

1. Corporation Name

ECHELON RESIDENTIAL SERVICES, 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

2. Principal Place of Business

21 450 Carillon Parkway

Suite, Apt. #, etc.

22 Suite 200

City & State

23 St. Petersburg, FL

Zip Country

24 33716 25 USA

2a. Mailing Address

26 450 Carillon Parkway

Suite, Apt. #, etc.

27 Suite 200

City & State

28 St. Petersburg, FL

Zip Country

29 33716 30 USA

9. Name and Address of Current Registered Agent

GLATTHORN JOHNSON, SUSAN  
ONE PROGRESS PLAZA  
STE 1500  
ST PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1998

4. FEI Number

59-3500512

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

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

TITLE ☐ DELETE

NAME PD  
HIGGINS, RAYMOND F  
STREET ADDRESS ONE PROGRESS PLAZA, STE 1500  
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE ☐ DELETE

NAME VSD  
GLATTHORN JOHNSON, SUSAN  
STREET ADDRESS ONE PROGRESS PLAZA, STE 1500  
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE ☐ DELETE

NAME VTD  
HOBBS, JAMES R JR  
STREET ADDRESS ONE PROGRESS PLAZA, STE 1500  
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE ☒ DELETE

NAME V  
TINSLEY, TIMOTHY S  
STREET ADDRESS ONE PROGRESS PLAZA, STE 1500  
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE ☒ DELETE

NAME S  
CRISP, AMY L  
STREET ADDRESS ONE PROGRESS PLAZA, STE 1500  
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE ☒ DELETE

NAME S  
MCDONALD, SHERRY L  
STREET ADDRESS ONE PROGRESS PLAZA, STE 1500  
CITY-ST-ZIP ST PETERSBURG FL 33701

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME D/P  
Raymond F. Higgins  
1.3 STREET ADDRESS 450 Carillon Parkway, Suite 200  
1.4 CITY-ST-ZIP St. Petersburg, FL 33716

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME D/V/S  
Susan G. Johnson  
2.3 STREET ADDRESS 450 Carillon Parkway, Suite 200  
2.4 CITY-ST-ZIP St. Petersburg, FL 33716

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME D/V/T  
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 ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99

Date

727-803-8200

Daytime Phone #

CR2E034 (1/98)

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