

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

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

03-31-1999 90059 043 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000082075**

1. Corporation Name  
**ECHELON AT BRIARGATE, INC.**

Principal Place of Business <b>ONE PROGRESS PLAZA, STE. 1500 ST. PETERSBURG FL 33701</b>	Mailing Address <b>ONE PROGRESS PLAZA, STE. 1500 ST. PETERSBURG FL 33701</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 450 Carillon Parkway</b> Suite, Apt. #, etc. <b>22 Suite 200</b> City & State <b>23 St. Petersburg, FL</b> Zip Country <b>24 33716 25 USA</b>		2a. Mailing Address <b>26 450 Carillon Parkway</b> Suite, Apt. #, etc. <b>27 Suite 200</b> City & State <b>28 St. Petersburg, FL</b> Zip Country <b>29 33716 30 USA</b>		3. Date Incorporated or Qualified <b>09/24/1998 09/22/98</b>	4. FEI Number <b>59-3534701</b>	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent  <b>GLATTHORN JOHNSON, SUSAN</b> <b>ONE PROGRESS PLAZA, STE. 1500</b> <b>ST. PETERSBURG FL 33701</b>	10. Name and Address of New Registered Agent <b>81 Name Susan G. Johnson</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 450 Carillon Parkway, Suite 200</b> <b>83</b> <b>84 City St. Petersburg FL 85 Zip Code 33716</b>
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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* **Susan G. Johnson** 3/29/99  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DSVT <input type="checkbox"/> DELETE	1.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBBS, JAMES R JR	1.2 NAME	Raymond F. Higgins
STREET ADDRESS	ONE PROGRESS PLAZA, STE. 1500	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	DSVS <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, STE. 1500	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	DP <input type="checkbox"/> DELETE	3.1 TITLE	D/V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINS, RAYMOND F	3.2 NAME	Raymond F. Higgins
STREET ADDRESS	ONE PROGRESS PLAZA, STE. 1500	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	EVP <input type="checkbox"/> DELETE	4.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORAMUS, W. MICHAEL	4.2 NAME	W. Michael Doramus
STREET ADDRESS	ONE PROGRESS PLAZA, STE. 1500	4.3 STREET ADDRESS	500 N. Akard, Suite 3000
CITY-ST-ZIP	ST. PETERSBURG FL 33701	4.4 CITY-ST-ZIP	St. Petersburg, FL 33716
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	PETERSEN, JOSEPH M	5.2 NAME	
STREET ADDRESS	ONE PROGRESS PLAZA, STE. 1500	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	5.4 CITY-ST-ZIP	
TITLE	ACS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	GIBBS, BRENT J	6.2 NAME	
STREET ADDRESS	ONE PROGRESS PLAZA, STE. 1500	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* **Susan G. Johnson** 3/29/99 727-803-8200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)

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