## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

Aug 07 1997 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # (6) EASTFIELD SLOPES CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1314 LAKEWOOD DR. 1314 LAKEWOOD DR. POST OFFICE BOX 16177 POST OFFICE BOX 16177 DO NOT WRITE IN THIS SPACE TAMPA FL 33687 TAMPA FL 33687 3. Date Incorporated or Qualified 3a. Date of Last Report 05/25/1982 10/21/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2490833 9515 Not Applicable POST OFFICE Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired POST OF Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Thoroto Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 9. Name and Address of Current Registered Agent Personal Property Tax due June 30. Yes Name and Address of New Registered Agent 81 BROWNELL. DOUGLAS 82 O. Box Number is Not Acceptable) Street Address ( 1314 LAKEWOOD DR. Park **BRANDON PL 33510** 83 City Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 pagint. I am familiar with and accept the obligation of Section 617.0503, Florida Statutes. 7 SIG (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change MARTY, MARIA Cecilia ELAM, JOSEPH NAME 12 NAME 9504 Fieldview Circle 610 ANGELICA PLACE STREET ADDRESS 1.3 STREET ADDRESS **BRANDON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP THONOTO SASSA, FLA. 33592 DELETE Change Addition TITLE 2.1 TITLE JOHN H. LARGENT SMITH, BETTY NAME 2.2 NAME 9515 LAKE PARK OR. 4118 E. 98TH AVE. 2.3 STREET ADDRESS STREET ADDRESS TAMPA FL THONOTOSASSA, FLA. 33592 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITEE Change Addition M RON Styers MILLS, RAY 3.2 NAME NAME 9517 Fieldview CIRCLE 3204 AMAYA COURT 3.3 STREET ADDRESS STREET ADDRESS **BRANDON FL** ThonotosAssA. FLA. 33592 3.4. CITY - ST - ZIP CITY-ST-ZIF KATHY UNDERWOOD TITLE DELETE 4.1 TITLE Change \_\_\_ Addition NAME REINA. RICHARD 4. 2 NAME 9537 LAKEPARK DRIVE 7015 BAYWOOD DR. STREET ADDRESS 4.3 STREET ADDRESS THONOSASSA, FLA. Tampa Fl 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE DWAYNE Brownell BROWNELL, DOUG NAME 5.2 NAME 10313 BLUEFIELD COURT 1314 LAKEWOOD DRIVE STREET ADDRESS 5.3 STREET ADDRESS **BRANDON FL** 5.4 CITY-ST-ZIP THONO to SA SSA, PLA. 33592 CITY-ST-ZIP □ DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

14. I do 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

O LEICHATURE

STREET ADDRESS CITY-ST-ZIP

FILED

(4/9/