2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 763449

1. Entity Name
EASTFIELD SLOPES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9529 FIELDVIEW CIRCLE THONOTOSASSA, FL 33592 US	PO BOX 1486 THONOTOSASSA, FL 33592 US

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02252006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2490833
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOUTZOUKAS, MICHAEL E
111 N. BELCHER RD. STE 201
CLEARWATER, FL 33765

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000460749
03/20/06-80023-015 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HEARD, RON
STREET ADDRESS	9513 FIELDVIEW CIRCLE
CITY-ST-ZIP	THONOTOSASSA, FL 33529
TITLE	SD
NAME	BUTTRAM, AMY
STREET ADDRESS	9533 LAKE PARK DRIVE
CITY-ST-ZIP	THONOTOSASSA, FL 33592
TITLE	PD
NAME	STYERS, RON
STREET ADDRESS	9517 FIELDVIEW CIRCLE
CITY-ST-ZIP	THONOTOSASSA, FL 33592
TITLE	T
NAME	ROBINSON, BAKARI M
STREET ADDRESS	9538 FIELD VIEW CIRCLE
CITY-ST-ZIP	THONOTOSASSA, FL 33592
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR