

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90038 011 \*\*\*\*70.00

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 763449</b><br>1. Entity Name<br><b>EASTFIELD SLOPES CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         |                                                                                     |                                                                           |                                                                                                                                                                                                                                           |  |
| Principal Place of Business<br><b>9529 FIELDVIEW CIRCLE</b><br><b>THONOTOSASSA, FL 33592 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                         |                                                                                     | Mailing Address<br><b>PO BOX 1486</b><br><b>THONOTOSASSA, FL 33592 US</b> |                                                                                                                                                                                                                                           |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>9519 Fieldview Circle</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                         | 3. Mailing Address<br>Suite, Apt. #, etc.                                           |                                                                           |                                                                                                                                                                                                                                           |  |
| City & State<br><b>Thonotosassa, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                         | City & State                                                                        |                                                                           | 4. FEI Number<br><b>59-2490833</b>                                                                                                                                                                                                        |  |
| Zip<br><b>33592</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         | Country<br><b>USA</b>                                                               |                                                                           | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BOUTZOUKAS, MICHAEL E</b><br><b>111 N. BELCHER RD. STE 201</b><br><b>CLEARWATER, FL 33765</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                         |                                                                                     |                                                                           | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                         |                                                                                     |                                                                           |                                                                                                                                                                                                                                           |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                           | <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                                                                        |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>Make check payable to Florida Department of State</b> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         |                                                                                     |                                                                           |                                                                                                                                                                                                                                           |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                         |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>              |                                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>HEARD, RON</b><br><b>9513 FIELDVIEW CIRCLE</b><br><b>THONOTOSASSA, FL 33529</b>          | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>SD</b><br><b>BUTTRAM, AMY</b><br><b>9533 LAKE PARK DRIVE</b><br><b>THONOTOSASSA, FL 33592</b>        | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <b>SD</b><br><b>Crystal Freeman</b><br><b>9502 Lake Park Dr.</b><br><b>Thonotosassa, FL 33592</b>                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>PD</b><br><b>STYERS, RON</b><br><b>9517 FIELDVIEW CIRCLE</b><br><b>THONOTOSASSA, FL 33592</b>        | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <b>PD</b><br><b>Ron Styers</b><br><b>9534 Fieldview Circle</b><br><b>Thonotosassa, FL 33592</b>                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>T</b><br><b>ROBINSON, BAKARI M</b><br><b>9538 FIELD VIEW CIRCLE</b><br><b>THONOTOSASSA, FL 33592</b> | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                         | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                         | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                         |  |
| 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. |                                                                                                         |                                                                                     |                                                                           |                                                                                                                                                                                                                                           |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                         |                                                                                     | 2/10/07 813986-6177                                                       |                                                                                                                                                                                                                                           |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                         |                                                                                     | <small>Date Daytime Phone #</small>                                       |                                                                                                                                                                                                                                           |  |