

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90034 021 \*\*\*\*70.00

<b>DOCUMENT # 763449</b> 1. Entity Name <b>EASTFIELD SLOPES CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>9529 FIELDVIEW CIRCLE</b> <b>THONOTOSASSA, FL 33592 US</b>				Mailing Address <b>PO BOX 1486</b> <b>THONOTOSASSA, FL 33592 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2490833</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>BOUTZOUKAS, MICHAEL E</b> <b>111 N. BELCHER RD. STE 201</b> <b>CLEARWATER, FL 33765</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ <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> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HEARD, RON 9513 FIELDVIEW CIRCLE THONOTOSASSA, FL 33529			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FREEMAN, CRYSTAL 9502 LAKE PARK DR. THONOTOSASSA, FL 33592			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STYERS, RON 9534 FIELDVIEW CIR. THONOTOSASSA, FL 33592			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ROBINSON, BAKARI M 9538 FIELD VIEW CIRCLE THONOTOSASSA, FL 33592			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____			<input type="checkbox"/> Delete	
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: TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date: <b>2/29/08</b>				Daytime Phone #: <b>813 986 6177</b>	