

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 763449

**FILED**  
**Mar 24, 2010**  
**Secretary of State**

**Entity Name:** EASTFIELD SLOPES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

9519 FIELDVIEW CIRCLE  
THONOTOSASSA, FL 33592 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1486  
THONOTOSASSA, FL 33592 US

**New Mailing Address:**

**FEI Number:** 59-2490833      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HAMILTON, DANIEL W  
4502 ETHAN WAY  
PLANT CITY, FL 33563 US

**Name and Address of New Registered Agent:**

HAMILTON, DANIEL W  
1115 PROFESSIONAL PARK DRIVE  
BRANDON, FL 33511 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

03/24/2010

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HEARD, RON  
Address: 9513 FIELDVIEW CIRCLE  
City-St-Zip: THONOTOSASSA, FL 33529

Title: SD  
Name: FAISON, CRYSTAL  
Address: 709 PEARL CIRCLE  
City-St-Zip: BRANDON, FL 33510

Title: PD  
Name: STYERS, RON  
Address: 9534 FIELDVIEW CIR.  
City-St-Zip: THONOTOSASSA, FL 33592

Title: T  
Name: FAISON, CRYSTAL  
Address: 709 PEARL CIRCLE  
City-St-Zip: BRANDON, FL 33510

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CRYSTAL FAISON

SD

03/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date