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05 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N42522 (5)**
1. Corporation Name
CRYSTAL RIVER EAGLE'S AERIE 4272, INC.

Principal Place of Business Mailing Address
27 NW SUNCOAST BLVD. CRYSTAL RIVER FL 34428

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 **CITRUS** 29 30 **CITRUS**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/18/1991** 3a. Date of Last Report **04/22/1994**

4. FEI Number **59-3194858** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**VICK, BURNELL R
9379 W. WISCONSIN CT.
CRYSTAL RIVER FL 34428**

10. Name and Address of New Registered Agent
81 Name **FRED CAPPELLERI**
82 Street Address (P.O. Box Number Not Acceptable) **5085 W. ROCHELLE ST.**
83
84 City **HOMOSASSA** 85 Zip Code **FL 34446**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Fred Cappelleri* DATE **4/19/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICK, BURNELL R	1.2 NAME	FRED CAPPELLERI
STREET ADDRESS	9379 W. WISCONSIN CT.	1.3 STREET ADDRESS	5085 W. ROCHELLE ST.
CITY - ST - ZIP	CRYSTAL RIVER FL	1.4 CITY - ST - ZIP	HOMOSASSA FL 34446
TITLE	VD	2.1 TITLE	VICE PRESIDENT VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, DE NAULT	2.2 NAME	AL KIMSEY
STREET ADDRESS	1051 CONANTI	2.3 STREET ADDRESS	P.O. BOX 745
CITY - ST - ZIP	CRYSTAL RIVER FL	2.4 CITY - ST - ZIP	CRYSTAL RIVER FL 34423
TITLE	S	3.1 TITLE	NO CHANGE SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRINGTON, KENNETH R	3.2 NAME	
STREET ADDRESS	1762 N DUNKEN FIELD AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	CRYSTAL RIVER FL	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	TREASURER TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTEW, FREG	4.2 NAME	MARIE HADSON ROPER JONES
STREET ADDRESS	2508 N REONOLDS AVE	4.3 STREET ADDRESS	9791 W. HAWTHORNE
CITY - ST - ZIP	CRYSTAL RIVER FL	4.4 CITY - ST - ZIP	CRYSTAL RIVER FL 34428
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the 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.

SIGNATURE: *Kenneth R Harrington* DATE **4/18/95** **795-6486**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR