

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

27 NW SUNCOAST BLVD.  
CRYSTAL RIVER FL 34428

Mailing Address

27 NW SUNCOAST BLVD.  
CRYSTAL RIVER FL 34428



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified  
03/18/1991

3a. Date of Last Report  
05/01/1995

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

CAPPELLERI, FRED  
5085 W ROCHELLE ST.  
HOMOSASSA FL 34446

10. Name and Address of New Registered Agent

81 Name

KEN HARRINGTON

82 Street Address (P.O. Box Number is Not Acceptable)

1762 N DUNKENFIELD AVE

83

84 City

CRYSTAL RIVER

FL

85 Zip Code

34429

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Kenneth R. Harrington

2/8/96

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when registering)

DATE

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	CAPPELLERI, FRED	5085 W ROCHELLE ST.	HOMOSASSA FL	<input checked="" type="checkbox"/>
VD	KIMSEY, AL	P.O. BOX 745	CRYSTAL RIVER FL	<input type="checkbox"/>
SD	HARRINGTON, KENNETH R	1762 N DUNKEN FIELD AVE	CRYSTAL RIVER FL	<input checked="" type="checkbox"/>
TD	JONES, ROGER	9791 W HAWTHORNE	CRYSTAL RIVER FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
PD	KEN HARRINGTON	1762 N DUNKENFIELD AVE.	CRYSTAL RIVER, FL 34429					SD	ALAN KENNEDY	9684 W. CARAVAN PATH	CRYSTAL RIVER, FL 34428												

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 119.07(3)(k), 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96

382 -  
563-4893

CR2E037 (12/95)