

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 12 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/18/1991		3a. Date of Last Report 02/22/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-3194858		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

g. Name and Address of Current Registered Agent
**HARRINGTON, KEN
 1762 NORTH DUNKENFIELD AVENUE
 CRYSTAL RIVER FL 34429**

10. Name and Address of New Registered Agent
 81. Name **KENNETH PARSONS**
 82. Street Address (P.O. Box Number is Not Acceptable)
7165 w. cottage ln.
 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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE *Kenneth Parsons* DATE **8/25/1997**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME HARRINGTON, KEN	
STREET ADDRESS 1762 N DUNKENFIELD AVENUE	
CITY-ST-ZIP CRYSTAL RIVER FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME KIMSEY, AL	
STREET ADDRESS P.O. BOX 745	
CITY-ST-ZIP CRYSTAL RIVER FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME KENNEDY, ALAN	
STREET ADDRESS 9884 W CARAVAN PATH	
CITY-ST-ZIP CRYSTAL RIVER FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME JONES, ROGER	
STREET ADDRESS 9701 W HAWTHORNE	
CITY-ST-ZIP CRYSTAL RIVER FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:	
1.1 TITLE P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME MICHAEL D, SHAWHAN JR.	
1.3 STREET ADDRESS P.O. BOX 352 N/A	
1.4 CITY-ST-ZIP LECANTO FLORIDA 34460	
2.1 TITLE V.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME KENNETH PARSONS	
2.3 STREET ADDRESS 7165 W. COTTAGE LN.	
2.4 CITY-ST-ZIP CRYSTAL RIVER FLORIDA 34429	
3.1 TITLE T.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME DAVID LEAF	
3.3 STREET ADDRESS 850 RHYME POINT NORTH	
3.4 CITY-ST-ZIP CRYSTAL RIVER FLORIDA 34429	
4.1 TITLE T.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME FRED CAPPELLERI	
4.3 STREET ADDRESS P.O. BOX 1375 N/A	
4.4 CITY-ST-ZIP HOMOSASSA FLORIDA 34447	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (4/97)