


FILE NOW: FILING FEE IS \$61.25

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Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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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3. Date Incorporated or Qualified 03/18/1991	
4. FEI Number 59-3194858	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent
**PARSONS, KENNETH
7165 W COTTAGE LN
CRYSTAL RIVER FL 34429**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

WILLIAM Mc CASKEY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P O BOX 640931 N/A BEVERLY HILLS FL 34464
LINDA HADLEY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3315 W WHITE OAKWOOD COURT HOMOSSASSA FL 34447
GORDAN WEISS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5237 S LOUISE PT HOMOSSASSA FL 34446
Anthony T. Rossi <input type="checkbox"/> Change <input type="checkbox"/> Addition 2354 S. SELIER RT LECANTO, FL 34461

14. I 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.

SIGNATURE: _____ 5-1-98 352 795-4272

CR2E037 (10/97)