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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90045 042 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N42522

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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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/18/1991
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 59-3194858
23. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
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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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCASKEY, WILLIAM	1.2 NAME	
STREET ADDRESS	P O BOX 640931 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS FL 34464	1.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Trustee <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARSONS, KENNETH	2.2 NAME	Doyle Bowman
STREET ADDRESS	7165 W COTTAGE LN	2.3 STREET ADDRESS	11240 N. Northwood Dr. Lot #68
CITY-ST-ZIP	CRYSTAL RIVER FL	2.4 CITY-ST-ZIP	Englis, FL 34449
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HADLEY, LINDA	3.2 NAME	Della Schreiber
STREET ADDRESS	8815 W WHITE DOGWOOD COURT	3.3 STREET ADDRESS	2356 S. Selier Pt.
CITY-ST-ZIP	HOMESSASSA FL 34447	3.4 CITY-ST-ZIP	Lecanto, FL 34461
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, GORDAN	4.2 NAME	
STREET ADDRESS	5237 S LOUISE PT	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSSASSA FL 34446	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSI, ANTHONY T	5.2 NAME	
STREET ADDRESS	2356 S SELIER CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	LECANTO FL 34461	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE: Della Schreiber SECRETARY 1-11-99 352-628-5042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

13113

CR2E037 (1/98)