


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90304 004 \*\*\*\*70.00


**DOCUMENT # N42522**  
 1. Entity Name  
**CRYSTAL RIVER EAGLE'S AERIE 4272, INC.**



Principal Place of Business: **6875 W. GULF TO LAKE HWY. CRYSTAL RIVER FL 34428**  
 Mailing Address: **6875 W. GULF TO LAKE HWY. CRYSTAL RIVER FL 34428**

2. Principal Place of Business: **3271 S SUNCOAST BLVD**  
 Suite, Apt. #, etc.  
 3. Mailing Address: **PO BOX 2018**  
 Suite, Apt. #, etc.  
**LECANTO, FL**

City & State: **HOMOSASSA FL.**  
 Zip: **34446** Country: **USA**  
 City & State: **LECANTO, FL**  
 Zip: **34460-2018** Country: **USA**



1st MOORE CR2E037 (10/04)  
 4. FEI Number: **59-3194858**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ERICKSON, ERVIN L**  
**7739 E WATSON ST**  
**INVERNESS FL 34450**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ State: **FL** Zip Code: \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25 Due By May 1, 2005**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: NORUP, JOHN		NAME:	
STREET ADDRESS: 3091 N OAKLAND TER		STREET ADDRESS:	
CITY-ST-ZIP: CRYSTAL RIVER FL 34428		CITY-ST-ZIP:	
TITLE: VPM	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MORRIS, GEORGE W		NAME:	
STREET ADDRESS: P O BOX 1696		STREET ADDRESS:	
CITY-ST-ZIP: HOMOSASSA SPRINGS FL 34447		CITY-ST-ZIP:	
TITLE: S	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ERICKSON, ERVIN L		NAME:	
STREET ADDRESS: 7739 E WATSON ST		STREET ADDRESS:	
CITY-ST-ZIP: INVERNESS FL 34450		CITY-ST-ZIP:	
TITLE: T	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PAGANINI, ALFRED		NAME:	
STREET ADDRESS: 5888 S BAMMA DR		STREET ADDRESS:	
CITY-ST-ZIP: HOMOSASSA FL 34446		CITY-ST-ZIP:	
TITLE: TR	<input checked="" type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CRIGGER, DARLENE		NAME:	
STREET ADDRESS: P O BOX 40		STREET ADDRESS:	
CITY-ST-ZIP: LECANTO FL 34460		CITY-ST-ZIP:	
TITLE: TR	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RUGGIERO, ROBERT		NAME:	
STREET ADDRESS: 11874 W SONNYBROOK CT		STREET ADDRESS:	
CITY-ST-ZIP: CRYSTAL RIVER FL 34429		CITY-ST-ZIP:	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ervin L Erickson* ERVIN L ERICKSON 3-8-05 352-628-0914  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #