


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90318 016 \*\*\*\*70.00

<b>DOCUMENT # N42522</b>					
1. Entity Name CRYSTAL RIVER EAGLE'S AERIE 4272, INC.					
Principal Place of Business 3271 S. SUNCOAST BLVD HOMOSASSA, FL 34446			Mailing Address PO BOX 2018 LECANTO, FL 34460-2018		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3194858	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ERICKSON, ERVIN L 7739 E WATSON ST INVERNESS, FL 34450			Name ERICKSON, ERVIN L. Street Address (P.O. Box Number is Not Acceptable) 4386 MARGAN TERRACE City HOMOSASSA FL Zip Code 34446		
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 <i>Ervin L. Erickson</i> ERVIN L. ERICKSON SECRETARY 02-28-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD NORUP, JOHN 3091 N OAKLAND TER CRYSTAL RIVER, FL 34428	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK MARY 610 GREEN ACRES HOMOSASSA, FL 34446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPM MORRIS, GEORGE W P O BOX 1696 HOMOSASSA SPRINGS, FL 34447	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V John T RYAN 790 S. SWEET BRIAR HOMOSASSA, FL 34448	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ERICKSON, ERVIN L 7739 E WATSON ST INVERNESS, FL 34450	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAGANINI, ALFRED 5888 S BAMMA DR HOMOSASSA, FL 34446	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOU WHITTEN 8975 W. HALLS RIVER ROAD LOT 216 HOMOSASSA, FL 34448	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR RUGGIERO, ROBERT 11874 W SONNYBROOK CT DRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee WILLIAM H. HUNTER 5266 W. STATE ST. HOMOSASSA, FL 34446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Ervin L. Erickson</i> ERVIN L. ERICKSON 4/05/06 352-628-0914 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					