

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90042 009 ****70.50

DOCUMENT # N42522 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 2129 HOMOSASSA SPRINGS, FL 34447-2129		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3194858	
5. Certificate of Status Desired ☒ 8875 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ERICKSON, ERVIN L 4386 MARCAN TERR HOMOSASSA, FL 34446			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 <u><i>Ervin L. Erickson</i></u> <i>Ervin Erickson</i> <u>5.15.08</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCASKEY, WILLIAM B 5075 W. RICHLAND LANE HOMOSASSA, FL 34446	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BOATRIGHT, JUDY PO BOX 4854 HOMOSASSA SPRINGS, FL 344474854	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ERICKSON, ERVIN L 7739 E WATSON ST INVERNESS, FL 34450	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GILBERT, RICHARD 6831 SASSER HOMOSASSA, FL 34448	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUNTER, WILLIAM H 5266 WEST STATE ST HOMOSASSA, FL 34446	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALAN MORTE 5290 W. ROCKELL HOMOSASSA, FL 34446	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR JOSEPH J. FRANCIS 6616 EDGEWOOD LANE WEST HOMOSASSA, FL 34446	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATRICIA M BRINKMAN 7720 W GREEN ACRES HOMOSASSA, FL 34446	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATRICIA POTTEN 7236 W. LACY LAKE HOMOSASSA, FL 34448	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUNTER, WILLIAM H 5266 WEST STATE ST HOMOSASSA, FL 34446	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUNTER, WILLIAM H 5266 WEST STATE ST HOMOSASSA, FL 34446	☐ Change ☐ 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: <u><i>Ervin L. Erickson</i></u> <i>Ervin L. Erickson</i> <u>5.15.08</u> <u>352-628-0914</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					