

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42522

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: CRYSTAL RIVER EAGLE'S AERIE 4272, INC.

## Current Principal Place of Business:

3271 S. SUNCOAST BLVD  
HOMOSASSA, FL 34446

## New Principal Place of Business:

5320 W GROVER CLEVELAND BLVD  
HOMOSASSA, FL 34446

## Current Mailing Address:

PO BOX 2129  
HOMOSASSA SPRINGS, FL 344472129

## New Mailing Address:

FEI Number: 59-3194858      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ERICKSON, ERVIN L  
4386 MARCAN TERR  
HOMOSASSA, FL 34446      US

## Name and Address of New Registered Agent:

BRINKMAN, PATRICIA L  
7720 W GREEN ACRES ST  
HOMOSASSA, FL 34446      US

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.

SIGNATURE: PATRICIA M BRINKMAN

01/05/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VP      ( ) Delete  
Name: MORTZ, ALAN  
Address: 5290 W. ROCHELLE  
City-St-Zip: HOMOSASSA, FL 34446

Title: TR      ( ) Delete  
Name: FRANCIS, JOSEPH J  
Address: 6616 EDGEWOOD LANE WEST  
City-St-Zip: HOMOSASSA, FL 34446

Title: S      ( ) Delete  
Name: BRINKMAN, PATRICIA  
Address: 7720 W GREEN ACRES  
City-St-Zip: HOMOSASSA, FL 34446

Title: T      ( ) Delete  
Name: POTTEN, PATRICIA  
Address: 723 W. LACY LANE  
City-St-Zip: HOMOSASSA, FL 34448

Title: P      ( ) Delete  
Name: HUNTER, WILLIAM H  
Address: 5266 WEST STATE ST  
City-St-Zip: HOMOSASSA, FL 34446

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TR      (X) Change ( ) Addition  
Name: DAVIS, CHARLES J  
Address: 4991 W CARDINAL ST  
City-St-Zip: HOMOSASSA, FL 34446

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T      (X) Change ( ) Addition  
Name: POTTER, PATRICIA  
Address: 723 W. LACY LANE  
City-St-Zip: HOMOSASSA, FL 34448

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM H HUNTER

PR

01/05/2009

Electronic Signature of Signing Officer or Director

Date