

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42522

FILED
Feb 14, 2012
Secretary of State

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

Current Principal Place of Business:

5340 W GROVER CLEVELAND BLVD
HOMOSASSA, FL 34446

New Principal Place of Business:

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 (X)**

Name and Address of Current Registered Agent:

BRINKMAN, PATRICIA M
8214 W CECIL LANE
HOMOSASSA, FL 34446 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP
Name: MCCOLGAN, STEVE
Address: P O BOX 2153
City-St-Zip: HOMOSASSA, FL 34447

Title: TRUS
Name: WALSH, THOMAS SR
Address: 4457 S CHIPER DR
City-St-Zip: LECANTO, FL 34461

Title: SEC
Name: BRINKMAN, PATRICIA M
Address: 8214 W CECIL LANE
City-St-Zip: HOMOSASSA, FL 344461149

Title: TREA
Name: MAYER, ANDREW
Address: 6 GRAYTWIG CT W
City-St-Zip: HOMOSASSA, FL 34446

Title: PRES
Name: RIES, WILLIAM R
Address: 7021 S RAINBOW PT
City-St-Zip: HOMOSASSA, FL 34446

Title: TRU
Name: PATRICIA, POTTER
Address: 7236 W LACY LANE
City-St-Zip: HOMOSASSA, FL 344461149

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA M BRINKMAN

SEC

02/14/2012

Electronic Signature of Signing Officer or Director

Date