

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42522

FILED
Mar 09, 2018
Secretary of State
CC0704876017

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

Current Principal Place of Business:

5340 W GROVER CLEVELAND BLVD
HOMOSASSA, FL 34446

Current Mailing Address:

PO BOX 2129
HOMOSASSA SPRINGS, FL 34447-2129

FEI Number: 59-3194858

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BRINKMAN, PATRICIA M
8214 W CECIL LANE
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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PRESIDENT
Name RIES, WILLIAM
Address 7021 S RAINBOW PT
City-State-Zip: HOMOSASSA FL 34446

Title TRUS
Name PARSONS, KENNETH A TRUSTEE
Address 7165 W COTTAGE LANE
City-State-Zip: CRYSTAL RIVER FL 34429

Title SEC
Name BRINKMAN, PATRICIA M
Address 8214 W CECIL LANE
City-State-Zip: HOMOSASSA FL 34446-1149

Title TREA
Name MOSIER, ELWIN
Address 52 MASTERS DR
City-State-Zip: HOMOSASSA FL 34446

Title VP
Name BIANCO, DAVID
Address 5800 S OAKRIDGE DR LOT 36
City-State-Zip: HOMOSASSA FL 34446

Title TRU
Name CROWELL, PAUL D
Address 3390 ACADEMY TER
City-State-Zip: HOMOSASSA FL 34448

Title TRUSTEE
Name TRIBBETT, DONALD L JR
Address 1545 N ARKANSAS TERR
City-State-Zip: HERNANDO FL 34442

Title TRUSTEE
Name KOEPPEN, DONALD K
Address 2724 W GLEN ST
City-State-Zip: LECANTO FL 34461

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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

SECRETARY

03/09/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TRUSTEE
Name POTTER, PATRICIA A
Address 7236 W LACEY LANE
City-State-Zip: HOMOSASSA FL 34448