

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42522

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: No

Name and Address of Current Registered Agent:

STONE, SHERYL M
6537 W CROSBECK CT
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: SHERYL STONE

02/09/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BOUDREAU, WILLIAM
Address 6841 S RIDGE PT
City-State-Zip: HOMOSASSA FL 34446

Title TRUSTEE
Name SEGGERTY, BRIAN
Address 7246 W GREEN ACRES ST
City-State-Zip: HOMOSASSA FL 34446

Title TREA
Name HENNEN, CRYSTAL
Address 5439 S HELOISE TERR
City-State-Zip: HOMOSASSA FL 34446

Title TRUSTEE
Name BARCO, WILLIAM
Address 92 LINDER LANE
City-State-Zip: HOMOSASSA FL 34446

Title TRUSTEE
Name LEUTHAUSER, GERALD
Address 4450 S CAPE COVE LOOP
City-State-Zip: HOMOSASSA FL 34446

Title TRUSTEE
Name BRIGHT, CAL
Address 409 N TURKEY PINE LOOP
City-State-Zip: LECANTO FL 34461

Title VP
Name SCOTT, DAVID
Address 5281 W ROCHELLE ST
City-State-Zip: HOMOSASSA FL 34446

Title TRUSTEE
Name MONAHAN, CHARLES
Address 5439 S HELOISE TERR
City-State-Zip: CRYSTAL RIVER FL 34446

Continues on page 2

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: SHERYL STONE.

SECRETARY

02/09/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY

Name OFFICER

Address 6537 W CROSBECK CT

City-State-Zip: HOMOSASSA FL 34446