

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42522

**FILED**  
**Apr 24, 2017**  
**Secretary of State**  
**CC5540105934**

**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           DAWICZKOWSKI, THOMAS W  
Address        4 HIBISCUS CT  
City-State-Zip: HOMOSASSA FL 34446

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           FOUNTAIN, RICHARD  
Address        4 GRAYTWIG CT  
City-State-Zip: HOMOSASSA FL 34446

Title           TRUSTEE  
Name           TERESI, PHILIP P  
Address        4698 S ORCHARD TER  
City-State-Zip: HOMOSASSA FL 34446

Title           TRUSTEE  
Name           GODDARD, JACK  
Address        6830 S FINALE PT  
City-State-Zip: HJOMOSASSA 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:** PATRICIA M. BRINKMAN

**SECRETARY**

**04/24/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name NORUP, JOHN  
Address 3091 N OAKLAND TERR  
City-State-Zip: CRYSTAL RIVER FL 34428