

**2024 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**

**01/29/2024**

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            TOMPKINS, ROBERT  
Address        52 GOLFVIEW CT  
City-State-Zip: HOMOSASSA FL 34446

Title            TRUSTEE  
Name            DONNIE, RAINEY  
Address        6875 W ROSEDALE DR  
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**

**01/29/2024**

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