

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42522

**FILED**  
**Jan 29, 2021**  
**Secretary of State**  
**3748263429CC**

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

Title            TRUSTEE  
Name            GRAY, JERRY E  
Address        5265 S FOREST TER  
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            TRUSTEE  
Name            GOSHOW, CRAIG  
Address        5651 N BUFFALO DR  
City-State-Zip: BEVERLY HILLS FL 34465

Title            TRUSTEE  
Name            TRIBBETT, DONALD L JR  
Address        4855 S CORBETT AVE  
City-State-Zip: HOMOSASSA FL 34446

Title            TRUSTEE  
Name            HILL, VERNON  
Address        3241 S CANADIAN WAY  
City-State-Zip: HOMOSASSA FL 34448

Title            VP  
Name            TERESI, PHILIP  
Address        4698 S ORCHARD TER  
City-State-Zip: HOMOSASSA 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**

**01/29/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name VANVLEET, LARRY D  
Address 3902 N TALLAHASSEE  
City-State-Zip: CRYSTAL RIVER FL 34428