

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42522

FILED
Jun 09, 2015
Secretary of State
CC8533556567

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 PARSONS, KENNETH M
Address 7165 W COTTAGE LN
City-State-Zip: CRYSTAL RIVER FL 34429

Title TRUSTEE
Name TERESI, PHILIP P
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

06/09/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TRUSTEE
Name GODDARD, JACK
Address 6830 S FINALE PT
City-State-Zip: HJOMOSASSA FL 34446