

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42522

**FILED**  
**Feb 01, 2019**  
**Secretary of State**  
**2102230831CC**

**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            BIANCO, DAVID  
Address        5800 S OAKRIDGE DR LOT 36  
City-State-Zip: HOMOSASSA FL 34446

Title            TRUSTEE  
Name            KIEDROWSKI, GORDIAN E  
Address        4121 S ROOSEVELT PT  
City-State-Zip: HOMOSASSA FL 34448

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            CROWELL, PAUL D  
Address        3390 ACADEMY TER  
City-State-Zip: HOMOSASSA FL 34448

Title            TRUSTEE  
Name            TRIBBETT, DONALD L JR  
Address        1545 N ARKANSAS TERR  
City-State-Zip: HERNANDO FL 34442

Title            TRUSTEE  
Name            POTTER, PATRICIA A  
Address        7236 W LACEY LANE  
City-State-Zip: HOMOSASSA FL 34448

Title            VP  
Name            PARSONS, KENNETH A  
Address        7165 W COTTAGE LN  
City-State-Zip: CRYSTAL RIVER FL 34429

**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**

**02/01/2019**

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