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

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business:

Entity Name: CRYSTAL RIVER EAGLE'S AERIE 4272, INC.

5340 W GROVER CLEVELAND BLVD HOMOSASSA, FL 34446

Current Mailing Address:

DOCUMENT# N42522

PO BOX 2129 HOMOSASSA SPRINGS, FL 34447-2129

FEI Number: 59-3194858

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:

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PRESIDENT	Title	TRUS
Name	MCCOLGAN, STEVE	Name	NORUP, JOHN
Address	19 N LINCOLN AVE	Address	3091 N OAKLAND TER
City-State-Zip:	BEVERLY HILLS FL 34465	City-State-Zip:	CRYSTAL RIVER FL 34428
Title	SEC	Title	TREA
Name	BRINKMAN, PATRICIA M	Name	MOSIER, ELWIN
Address	8214 W CECIL LANE	Address	52 MASTERS DR
City-State-Zip:	HOMOSASSA FL 34446-1149	City-State-Zip:	HOMOSASSA FL 34446
Title	VP	Title	TRU
Name	RIES, WILLIAM R	Name	COLE, MICHAEL
Address	7021 S RAINBOW PT	Address	6129 W STORMY LANE
City-State-Zip:	HOMOSASSA FL 34446	City-State-Zip:	HOMOSASSA FL 34448

Date

Certificate of Status Desired: Yes

FILED Jan 20, 2013 Secretary of State CC8176556720

> 01/20/2013 Date

SECRETARY