2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N42522



FILED Apr 10, 2006 8:00 am Secretary of State

1. Entity Name CRYSTAL RIVER EAGLE'S AERIE 4272, INC.									04-1	0-2006	90318	3 016 ***	**70).00
Principal Place of Business 3271 S. SUNCOAST BLVD HOMOSASSA, FL 34446 PO BOX 2018 LECANTO, FL 34460-2018														,
Principal Place of Business					iress									
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				01052006	Chg-N	1P	CR2E	037 (11/0	15)	
City & State			· Ci	City & State				4. FEI Number 59-319	er 4858			F	+	olied For Applicable
Zìp '		Country	Zij		Cou	untry		5. Certificate	of Status	Desired	×	\$8.75 Fee Req		
8. Name and Address of Current Registered Agent								7. Name and	Address	of New R	legistere	d Agent		
ERICKSON, ERVIN L							ERIC	KSON	ER	ZVÌN	L.			
7739 E WATSON ST INVERNESS, FL 34450 Street Address 4.386						ddress (P	(P.O. Box Number is Not Acceptable) MARCAN TERRACE							
City K						Ном	OMOSASSA FL Zip Code 34446							
8. The above the obligat	e named entit tions of regist	y submits this statement f tered agent	1.	ose of changing its					_	State of Fic				
SIGNATURE	Signature, typed	or printed name of registered agen	nt and title if app	olicable. (NOTI	E: Registere	d Agent signati	ura required t	when reinstating)			DATE	!		2:00
SIGNATURE	Filing Fe	or printed name of redistered ager ee is \$61.25 May 1, 2006	t and title if app	9. Election Car Trust Fund C	npaign F	inancing e	ura required t	\$5.00 May B Added to Fees	3e		DATE	eck payab artment o	le to	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PROTTED NAME OF BICKING OFFICER OR DIRECTOR

Date

Date

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