

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000007887

**FILED**  
**Feb 19, 2011**  
**Secretary of State**

**Entity Name:** ISLE OF MERRITT ESTATES HOMEOWNERS ASSOCIATION INC.

**Current Principal Place of Business:**

1005 E CRISAFULLI RD  
MERRITT ISLAND, FL 32953

**New Principal Place of Business:**

**Current Mailing Address:**

1005 E CRISAFULLI RD  
MERRITT ISLAND, FL 32953

**New Mailing Address:**

**FEI Number:** 20-3308132

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRISAFULLI, CHARLES J  
1005 E CRISAFULLI RD  
MERRITT ISLAND, FL 32953 US

**Name and Address of New Registered Agent:**

CRISAFULLI, CHARLES J  
1005 E CRISAFULLI ROAD  
MERRITT ISLAND, FL 32953 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:**

02/19/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** CRISAFULLI, CHARLES J  
**Address:** 5543 EDMONDSON PIKE SUITE 5  
**City-St-Zip:** NASHVILLE, TN 37211

**Title:** VD  
**Name:** CRISAFULLI, FRANK J  
**Address:** 1005 E CRISAFULLI RD  
**City-St-Zip:** MERRITT ISLAND, FL 32953

**Title:** STD  
**Name:** CRISAFULLI, JOYCE A  
**Address:** 1005 E CRISAFULLI RD  
**City-St-Zip:** MERRITT ISLAND, FL 32953

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:** CHARLES J CRISAFULLI

PD

02/19/2011

Electronic Signature of Signing Officer or Director

Date