

FILED
May 31, 2005 8:00 am
Secretary of State

05-04-2005 90113 028 ****61.25

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N04000002933			
1. Entity Name SHELL PARK CONDOMINIUMS OWNERS ASSOCIATION, INC.			
Principal Place of Business 24 WALTER MARTIN RD FT WALTON BEACH, FL 32548		Mailing Address 24 WALTER MARTIN RD FT WALTON BEACH, FL 32548	
2. Principal Place of Business 151 Mary Esther Blvd		3. Mailing Address P.O. Box 686	
Suite, Apt. #, etc. Suite 301		Suite, Apt. #, etc.	
City & State Mary Esther FL		City & State Ft. Walton Beach, FL	
Zip 32569		Zip 32549	
Country USA		Country USA	
4. FEI Number 20-1104785		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, RICKY L 102 PERDIDO CIR NICEVILLE, FL 32578		7. Name and Address of New Registered Agent Name Thomas J. Risalvato Street Address (P.O. Box Number is Not Acceptable) 151 Mary Esther Blvd. Suite 301 City Mary Esther FL Zip Code 32569	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Thomas J. Risalvato</u> DATE <u>4-28-05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOHNSON, CARTER W 24 WALTER MARTIN RD FT WALTON BEACH, FL 32548 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Gil Edanglist 4463 Woodbridge Road Niceville, FL 32578 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/T BONNER, JOHN W 24 WALTER MARTIN RD FT WALTON BEACH, FL 32548 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Brad Desgranges 17 Shell Avenue C-5 Ft. Walton Beach FL 32548 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SMITH, KIMBERLY 24 WALTER MARTIN RD FT WALTON BEACH, FL 32548 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Joanne Bussey 272 E. Mack Bayou Road Santa Rosa Beach FL 32459 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>5/2/05</u> Daytime Phone #	