

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90037 009 \*\*\*\*61.25

**DOCUMENT # N04000002933**

1. Entity Name  
**SHELL PARK CONDOMINIUMS OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**151 MARY ESTHER BLVD  
SUITE 301  
MARY ESTHER, FL 32569**

Mailing Address  
**PO BOX 686  
FORT WALTON BEACH, FL 32549**

**20007593**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02232007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**20-1104785**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RISALVATO, THOMAS J.  
151 MARY ESTHER BLVD, SUITE 301  
MARY ESTHER, FL 32569**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

TITLE: **P** ☒ Delete  
NAME: **EVANGLIST, GIL**  
STREET ADDRESS: **4463 WOODBRIDGE ROAD**  
CITY-ST-ZIP: **NICEVILLE, FL 32578**

TITLE: **President** ☐ Delete  
NAME: **DESGRANGES, BRAD**  
STREET ADDRESS: **17 SHELL AVENUE C-S**  
CITY-ST-ZIP: **FORT WALTON BEACH, FL 32548**

TITLE: **S** ☒ Delete  
NAME: **BUSSEY, JOANNE**  
STREET ADDRESS: **272 E. MACK BAYOU ROAD**  
CITY-ST-ZIP: **SANTA ROSA BEACH, FL 32459**

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
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CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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:**

*Brad A. DesGranges*  
**Brad A. DesGranges**

**March 14, 2007**

**850-585-5499**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #