


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-10-2006 90319 012 ****61.25

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|--|---------------------------|---|---|---|--|
| DOCUMENT # N97000005139 1. Entity Name THE 25 CENTRAL SQUARE CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business SEASIDE COMMUNITY DEVELOPMENT CORP. COUNTY ROAD 30-A SEASIDE, FL 32459 | | | Mailing Address P.O. BOX 4873 SEASIDE, FL 32459 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3515462 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| FOLTA, BETH SEASIDE COMMUNITY DEVELOPMENT CORP. COUNTY ROAD 30-A SEASIDE, FL 32459 | | | | Name <u>THOMAS J. RISALVATO II</u> Street Address (P.O. Box Number is Not Acceptable) <u>203 JASE CIRCLE</u> City <u>PANAMA CITY BEACH, FL</u> <u>FL</u> Zip Code <u>32408</u> | |
| 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 II</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE <u>APRIL 4th, 2006</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FREDO, LINDA | | NAME | | |
| STREET ADDRESS | 9860 BANKSIDE DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | ROSWELL, GA 30076 | | CITY-ST-ZIP | | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | STILLMAN, ADELE | | NAME | | |
| STREET ADDRESS | 4000 ISLAND BLVD #1902 | | STREET ADDRESS | | |
| CITY-ST-ZIP | WILLIAMS ISLAND, FL 38017 | | CITY-ST-ZIP | | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | THURNER, SCOTT | | NAME | | |
| STREET ADDRESS | 10409 PAGE MANOR COVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | COLLIERVILLE, TN 38017 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HAMBY, SALLY | | NAME | VPD | |
| STREET ADDRESS | 9122 BERKSHIRE CT. | | STREET ADDRESS | 9102 BERKSHIRE COURT | |
| CITY-ST-ZIP | WOODSTOCK, GA 30189 | | CITY-ST-ZIP | WOODSTOCK, GA 30189 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HARRIS, TIFFANY T | | NAME | | |
| STREET ADDRESS | 4101 OBERON DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | SMYRNA, GA 300805201 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | | NAME | S/T KETHA CAMPBELL | |
| STREET ADDRESS | | | STREET ADDRESS | 4900 LAKELAND DR. | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | MARIETTA, GA 30068 | |
| 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: <u>Thomas J. Risalvato II</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>APR 4, 2006</u> Daytime Phone # <u>(850) 234-6230</u> | | |