


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 08:00 A**  
**Secretary of State**

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
---	---

**DO NOT WRITE IN THIS SPACE**



01182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3515462	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  RISALVATO, THOMAS J II 203 JASE CIR PANAMA CITY BEACH, FL 32908	<b>DO NOT WRITE IN THIS SPACE</b>
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.	

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
-----------------	--	------------

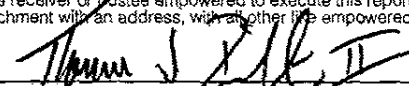
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FREDO, LINDA 9860 BANKSIDE DR. ROSWELL, GA 30076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HAMBY, SALLY 9102 BERKSHIRE CT WOODSTOCK, GA 30189
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CANRELL, KEITH 4900 LAKELAND DR MARIETTA, GA 30068
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000593100  
01/22/07-80018-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 info empowered.

SIGNATURE: 	Date: 1/18/07	Daytime Phone #: 850 234-8090
--	---------------	-------------------------------

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR