

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 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



02152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3515462

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

000000851059
03/25/08-80023-013 61.25

10. OFFICERS AND DIRECTORS

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

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/08 770 664-4998