

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005139

FILED
Apr 10, 2009
Secretary of State

Entity Name: THE 25 CENTRAL SQUARE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

SEASIDE COMMUNITY DEVELOPMENT CORP.
COUNTY ROAD 30-A
SEASIDE, FL 32459

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4873
SEASIDE, FL 32459

New Mailing Address:

FEI Number: 59-3515462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RISALVATO, THOMAS J II
203 JASE CIR
PANAMA CITY BEACH, FL 32908 US

Name and Address of New Registered Agent:

RISALVATO, THOMAS J II
6905 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408 US

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.

SIGNATURE: THOMAS J. RISALVATO II

04/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FREDO, LINDA
Address: 9860 BANKSIDE DR.
City-St-Zip: ROSWELL, GA 30076

Title: VPD () Delete
Name: HAMBY, SALLY
Address: 9102 BERKSHIRE CT
City-St-Zip: WOODSTOCK, GA 30189

Title: ST () Delete
Name: CANRELL, KEITH
Address: 4900 LAKELAND DR
City-St-Zip: MARIETTA, GA 30068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: HARRIS, TIFFANY
Address: 4101 OBERON DRIVE
City-St-Zip: SMYRNA, GA 30080

Title: ST (X) Change () Addition
Name: CANTRELL, KEITH
Address: 4900 LAKELAND DR
City-St-Zip: MARIETTA, GA 30068

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J. RISALVATO II

MGR

04/10/2009

Electronic Signature of Signing Officer or Director

Date