

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Norham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 11 PM 9:45

DOCUMENT # 754758 (1)

1. Corporation Name

TWENTY-SIX TWENTY-SIX CONDOMINIUM MANAGEMENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

NT ASSOCIATION, INC.
2626 SOUTH ATLANTIC AVE.
DAYTONA BEACH SHORES FL 32118-5606

NT ASSOCIATION, INC.
2626 SOUTH ATLANTIC AVE.
DAYTONA BEACH SHORES FL 32118-5606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1980

3a. Date of Last Report

04/08/1994

4. FEI Number

59-2115880

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE PASCALE, PETER J.
2625 S ATLANTIC AVENUE
DAYTONA BCH. SHORES FL 32118

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP
MONTEIRO, ALBERT
13520 STACEY DRIVE
HUDSON FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
DAVIDSON, TERRELL
3757 S. ATLANTIC AVENUE
DAYTONA BCH SHRS FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

STD
DE PASCALE, PETER
2626 S ATLANTIC AVE
DAYTONA, FL 00000

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
NEWTON, RONALD
RT #1
BEVERLY OH

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
MCCLURE, WAYNE
2626 S ATLANTIC AVE
DAYTONA BCH SHRS FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☒ Change ☐ Addition

D
Hayes, William
2626 S. ATLANTIC AVE. #209
Daytona Bch. Shrs, FL 32118

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption noted in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Peter J. DePascale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-95

904-761-8066

Date

Telephone (Area #)