

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 754758 (1)**

1. Corporation Name  
**TWENTY-SIX TWENTY-SIX CONDOMINIUM MANAGEMENT ASSOCIATION, INC.**



Principal Place of Business <b>NT ASSOCIATION, INC. 2626 SOUTH ATLANTIC AVE. DAYTONA BEACH SHORES FL 32118-5806</b>	Mailing Address <b>NT ASSOCIATION, INC. 2626 SOUTH ATLANTIC AVE. DAYTONA BEACH SHORES FL 32118-5630</b>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

3. Date Incorporated or Qualified <b>10/21/1980</b>	3a. Date of Last Report <b>04/10/1996</b>
4. FEI Number <b>59-2115880</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MONTEIRO, ALBERT</b>	
STREET ADDRESS	<b>13520 STACEY DRIVE</b>	
CITY-ST-ZIP	<b>HUDSON FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIDSON, TERRELL</b>	
STREET ADDRESS	<b>3757 S. ATLANTIC AVENUE</b>	
CITY-ST-ZIP	<b>DAYTONA BCH SHRS FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>DE PASCALE, PETER</b>	
STREET ADDRESS	<b>2626 S ATLANTIC AVE</b>	
CITY-ST-ZIP	<b>DAYTONA, FL 00000</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>FRIERSON, ROBERT</b>	
STREET ADDRESS	<b>2626 S. ATLANTIC AVE.</b>	
CITY-ST-ZIP	<b>DAYTONA BCH SHRS., FL 32118</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BAYROTH, JOHN</b>	
STREET ADDRESS	<b>2626S. ATLANTIC AVE.</b>	
CITY-ST-ZIP	<b>DAYTONA BCH. SHRS., FL 32118</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D Lamey, Martin</b>
5.3 STREET ADDRESS	<b>930 Foothill Rd.</b>
5.4 CITY-ST-ZIP	<b>Bridgewater, N.J. 08807</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: P. J. De Pascale **REQUIRED** Date: \_\_\_\_\_ Daytime Phone: **904-761-8066**

CR2E037 (9/96)