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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 NT ASSOCIATION, INC. 2626 SOUTH ATLANTIC AVE. DAYTONA BEACH SHORES FL 32118-5606	Mailing Address NT ASSOCIATION, INC. 2626 SOUTH ATLANTIC AVE. DAYTONA BEACH SHORES FL 32118-5606
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3. Date Incorporated or Qualified 10/21/1980	
4. FEI Number 59-2115880	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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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 **FL** **85** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	MONTEIRO, ALBERT	
STREET ADDRESS	13520 STACEY DRIVE	
CITY-ST-ZIP	HUDSON FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DAVIDSON, TERRELL	
STREET ADDRESS	3757 S. ATLANTIC AVENUE	
CITY-ST-ZIP	DAYTONA BCH SHRS FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DE PASCALE, PETER	
STREET ADDRESS	2626 S ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FRIERSON, ROBERT	
STREET ADDRESS	2626 S. ATLANTIC AVE.	
CITY-ST-ZIP	DAYTONA BCH SHRS., FL 32118	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BAYROTH, JOHN	
STREET ADDRESS	2626S. ATLANTIC AVE.	
CITY-ST-ZIP	DAYTONA BCH. SHRS., FL 32118	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAMEY, MARTIN	
STREET ADDRESS	230 FOOTHILL ROAD	
CITY-ST-ZIP	BRIDGEWATER NJ	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: *[Signature]* **DE PASCALE, PETER J. DE PASCALE** 4/3/98 904 761-8066

CP2E037 (10/97)