

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90008 039 ****61.25

DOCUMENT # 754758

1. Corporation Name

TWENTY-SIX TWENTY-SIX CONDOMINIUM MANAGEMENT ASS
OCIATION, 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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/21/1980

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

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

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	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 type="checkbox"/> DELETE
NAME	LAMEY, MARTIN	
STREET ADDRESS	230 FOOTHILL ROAD	
CITY-ST-ZIP	BRIDGEWATER NJ	
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE: ROBERT J. FRIERSON

3/23/99

904-761-8066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)