

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90024 025 ****61.25

DOCUMENT # 754758

1. Entity Name

TWENTY-SIX TWENTY-SIX CONDOMINIUM MANAGEMENT ASS

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 32118-5630



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2115880

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Pillow, Berryman

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

2626 S. Atlantic Ave.

Daytona Beach Shores

City

FL

Zip Code

32118

8. 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

Berryman P. How

Berryman Pillow

3/17/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**
 NAME **MONTEIRO, ALBERT**
 STREET ADDRESS **13520 STACEY DRIVE**
 CITY-ST-ZIP **HUDSON FL**

Delete

TITLE **P**
 NAME **DAVIDSON, TERRELL**
 STREET ADDRESS **3757 S. ATLANTIC AVENUE**
 CITY-ST-ZIP **DAYTONA BCH SHRS FL**

Delete

TITLE **STD**
 NAME **DE PASCALE, PETER**
 STREET ADDRESS **2626 S ATLANTIC AVE**
 CITY-ST-ZIP **DAYTONA, FL 00000**

Delete

TITLE **VP**
 NAME **FRIERSON, ROBERT**
 STREET ADDRESS **2626 S. ATLANTIC AVE.**
 CITY-ST-ZIP **DAYTONA BCH SHRS, FL 32118**

Delete

TITLE **D**
 NAME **LAMEY, MARTIN**
 STREET ADDRESS **230 FOOTHILL ROAD**
 CITY-ST-ZIP **BRIDGEWATER NJ**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE **P**
 NAME **Pillow, Berryman**
 STREET ADDRESS **2626 S. ATLANTIC AVE.**
 CITY-ST-ZIP **Daytona Bch. Shrs, Fl. 32118**

Change Addition

TITLE **ST**
 NAME **MUSKA, John**
 STREET ADDRESS **2626 S. ATLANTIC AVE.**
 CITY-ST-ZIP **Daytona Bch. Shrs, Fl. 32118**

Change Addition

TITLE **D**
 NAME **Newton, Ronald**
 STREET ADDRESS **Rt. #1 Bx 209**
 CITY-ST-ZIP **Beverly, Oh. 45715**

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Berryman Pillow

3/17/00

904-761-8066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)