

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90386 019 ****61.25

0001357

DOCUMENT # 754758

1. Entity Name

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

Principal Place of Business

Mailing Address

NT ASSOCIATION, INC.
 2826 SOUTH ATLANTIC AVE.
 DAYTONA BEACH SHORES FL 32118-5606

NT ASSOCIATION, INC.
 2826 SOUTH ATLANTIC AVE.
 DAYTONA BEACH SHORES FL 32118-5606

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

BAUER, FREDERICK
2626 S ATLANTIC AVENUE #209
DAYTONA BCH. SHORES FL 32118

Name
HALLMAN, DONALD
 Street Address (P.O. Box Number is Not Acceptable)
2626 S. Atlantic Ave. #106
 City
Daytona Bch. Shores 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 Donald E.F. Hallman - Secretary/Treasurer DATE 4/4/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GENTRY, PATRICIA	
STREET ADDRESS	6225 CRANBERRY DR.	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BAUER, FREDERICK	
STREET ADDRESS	2626 S. ATLANTIC AVE. #209	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALLMAN, DONALD	
STREET ADDRESS	PO BOX 272	
CITY-ST-ZIP	HARRISON MI 48625	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BRADSHAW, PATRICIA	
STREET ADDRESS	2626 S. ATLANTIC AVE. #207	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILGER, GARY	
STREET ADDRESS	35169 WOOD DR.	
CITY-ST-ZIP	LIVONIA MI 48154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN (0) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GULLA, PETER	
STREET ADDRESS	82 ATHENS AVE.	
CITY-ST-ZIP	So. Amboy, N.J. 08879	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLMAN, DONALD	
STREET ADDRESS	2626 S. ATLANTIC AVE. #106	
CITY-ST-ZIP	DAYTONA BCH. SHRS., FL. 32118	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIRRELLO, ALFONSO	
STREET ADDRESS	2626 S. ATLANTIC AVE. #203	
CITY-ST-ZIP	DAYTONA BCH. SHRS., FL. 32118	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIVINO, MARK	
STREET ADDRESS	2626 S. ATLANTIC AVE. #508	
CITY-ST-ZIP	DAYTONA BCH. SHRS., FL. 32118	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Donald E.F. Hallman **REQUOTED DONALD E. F. HALLMAN TREAS 4/4/02 386**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)