

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90037 011 ****61.25



DOCUMENT # 754758

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE CR2E037 (11/03)

4. FEI Number

59-2115880

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALLMAN, DONALD
2626 S ATLANTIC AVENUE #106
DAYTONA BCH. SHORES FL 32118

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	P GULLA, PETER	<input type="checkbox"/> Delete
STREET ADDRESS	82 ATHENS AVE.	
CITY-ST-ZIP	SOUTH AMBOY NJ 08879	
TITLE NAME	TD HALLAMN, DONALD	<input type="checkbox"/> Delete
STREET ADDRESS	2626 S. ATLANTIC AVE. #106	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE NAME	VP PIRRELLI, ALFONZO	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2626 S ATLANTIC AVE #305	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE NAME	D CASTAGNACCI, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	671 WELLINGTON BLVD #24	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE NAME	SD HILGER, GARY	<input type="checkbox"/> Delete
STREET ADDRESS	35169 WOOD DR.	
CITY-ST-ZIP	LIVONIA MI 48154	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	V CASTAGNACCI DAVID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	671 WELLINGTON BLVD #24	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE NAME	D REHMAN, PHYLLIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	14 WHISTLING DUCK CT	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/04

Date

384-741-2674

Daytime Phone #