


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90035 027 ****61.25

DOCUMENT # 754758
 1. Entity Name
TWENTY-SIX TWENTY-SIX CONDOMINIUM MANAGEMENT ASSOCIATION, INC.




Principal Place of Business Mailing Address
NT ASSOCIATION, INC. **NT ASSOCIATION, INC.**
2626 SOUTH ATLANTIC AVE. **2626 SOUTH ATLANTIC AVE.**
DAYTONA BEACH SHORES FL 32118-5606 **DAYTONA BEACH SHORES FL 32118-5606**

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)
 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 *Donald E F Hallman*
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, 2005

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	P	<input type="checkbox"/> Delete
NAME	GULLA, PETER	
STREET ADDRESS	82 ATHENS AVE.	
CITY-ST-ZIP	SOUTH AMBOY NJ 08879	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HALLAMN, DONALD	
STREET ADDRESS	2626 S. ATLANTIC AVE. #106	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REHMAR, PHYLLIS	
STREET ADDRESS	14 WHISTLING DUCK CT.	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	V	<input type="checkbox"/> Delete
NAME	CASTAGNACCI, DAVID	
STREET ADDRESS	671 WELLINGTON BLVD #24	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	SD	<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 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Florence Alm	
STREET ADDRESS	140 Carle Rd	
CITY-ST-ZIP	Westbury NY 11590	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Peter Gulla* **3/14/2005** **(732) 727-4739**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #