


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

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



Principal Place of Business <b>NT ASSOCIATION, INC.          2626 SOUTH ATLANTIC AVE.          DAYTONA BEACH SHORES, FL 32118-5606</b>	Mailing Address <b>NT ASSOCIATION, INC.          2626 SOUTH ATLANTIC AVE.          DAYTONA BEACH SHORES, FL 32118-5606</b>
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03242006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2115880</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**HALLMAN, DONALD  
 2626 S ATLANTIC AVENUE #106  
 DAYTONA BCH. SHORES, FL 32118**

**DO NOT WRITE IN THIS SPACE**

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 P. F. Hallman DATE: 3/29/06  
(NOTE: Registered Agent signature required when reappointing)

Filing Fee is **\$61.25** Due by **May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GULLA, PETER 82 ATHENS AVE. SOUTH AMBOY, NJ 08879
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO HALLMAN, DONALD 2626 S. ATLANTIC AVE. #106 DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALM, FLORENCE 140 CARLE RD WESTBURY, NY 11590
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASTAGNACCI, DAVID 671 WELLINGTON BLVD #24 ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HILGER, GARY 35169 WOOD DR. LIVONIA, MI 48154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000490732  
 04/18/06-80068-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 P. F. Hallman **DONALD E. F. HALLMAN** 3/29/06 786  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #