


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

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
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03232007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-2115880	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HALLMAN, DONALD 2626 S ATLANTIC AVENUE #106 DAYTONA BCH. SHORES, FL 32118

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	TD 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	

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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: <u>Donald C F Hallman</u>	<u>3/23/07</u>	<u>386 761 8066</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>