2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State
03-17-2003 91066 028 ****61.25

DOCUMENT # 754758

1. Entity Name

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

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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2115680 ☐ Applied For ☐ Not Applicable

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GULLA, PETER 82 ATHENS AVE. SOUTH AMBOY NJ 08879	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST HALLAMN, DONALD 2626 S. ATLANTIC AVE. #106 DAYTONA BEACH FL 32118	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T D HALLMAN, DONALD 2626 S. ATLANTIC AVE. #106 DAYTONA BCH. SHRS., FL. 32118 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PIRRELLI, ALFONZO 2626 S. ATLANTIC AVE. #203 DAYTONA BEACH FL 32118	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PIRRELLO, ALFONSO 2626 S. ATLANTIC AVE #305 DAYTONA BCH. SHRS., FL. 32118 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VIVINO, MARK 2626 S. ATLANTIC AVE. #508 DAYTONA BEACH FL 32118	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVID CASTAGNACCI 671 WELLINGTON BLVD. #24 ORMOND BCH., FL. 32174 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HILGER, GARY 35169 WOOD DR. LIVONIA MI 48154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S D HILGER, GARY 35169 WOOD DR. LIVONIA, MI. 48154 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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 S Hallman 3/13/03 386-761-8066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 5870214 20
#764758

1- GULLA, Peter - President

2- HALLMAN, Donald - Treasurer / Director

3- PIRRELLO, ALFONZO - Vice President

4- CASTAGNACCI, DAVID - Director

5- HILGER, GARY - Secretary / Director