2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2007 8:00 am Secretary of State 05-01-2007 90030 010 ****61.25

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	ne ELLE ISLAND XXVI CONDO ATION, INC.	MUINIMO						
Principal Plac 430 BAUCHE NEW SMYRN		Mailing Address 152 RIDGEWOOD AVEN HOLLY HILL, FL 3211		4009		11 11 17 16 16 16 1		
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address	1 de ma					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04302007 Ch	g-NP CR2E037 (12/06)		
City & Stat	θ	City & State	& YL	4. FEI Number 04-3751335	5	Applied For Not Applicable		
Zip	Country	<i>J</i> ≥12€	Country	5. Certificate of Sta		.75 Additional Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALL FLORIDA REALTY SERVICES, INC. 152 RIDGEWOOD AVENUE HOLLY HILL, FL 32117 7. Name and Address of New Registered Agent The Address of N								
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 SIGNATURE SIGNATURE SIGNATURE ON DE: Registered Agent signature required when reinstating) DATE								
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Car Trust Fund (npaign Financing Contribution.	\$5.00 May Be Added to Fees	Make check pa Florida Departme			
10.	OFFICERS AND DI	RECTORS	11.		S TO OFFICERS AND DIREC	TORS IN 10		
TITLE NAME	DP DAVIS, DENNIS	Delete	TITLE NAME	w Ea	C'O'	Change - Addition		
STREET ADDRESS	430 BOUCHELLE DRIVE #101		STREET ADDRESS	dial c	IN DOM S	22		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 321	69	CITY-ST-ZIP	woon	soci Booch	ANGE 17		
TITLE	DST BOME HOMARD	☐ Delete	LILTE KG	p . α	` \	Change		
NAME STREET ADORESS	BOWIE, HOWARD 430 BOUCHELLE DRIVE #304		NAME STREET ADDRESS	roto HO	merca - #7.	Loss		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 321	69	CITY-ST-ZIP	me ω	Terri	CF1 32100		
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TITLE		Delete	TITLE SO	<u> </u>	traid toor 1	Change Addition		
NAME			NAME C	ricereco	Patrick			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	26000	roundo	2.7		
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NAME		_ book	NAME #	isca tr	me_	Orlange Addition		
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TITLE NAME		☐ Delete	TITLE NAME			Change		
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	1.114.0		CITY-ST-ZIP					
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.								
SIGNAT	TIPE: POTALOS O	10 R. R. D.)	$4 \approx 1$	173 24 =	my En		
SICITAL		PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	,	Date Daytim	e Phone #		