

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000120502

FILED
Apr 11, 2009
Secretary of State

Entity Name: WIN-WIN ASSOCIATION MANAGEMENT, INC.

Current Principal Place of Business:

3 TWIN RIVERS DRIVE
ORMOND BEACH, FL 32174

New Principal Place of Business:

392 S ATLANTIC AVE
ORMOND BEACH, FL 32176

Current Mailing Address:

3 TWIN RIVERS DRIVE
ORMOND BEACH, FL 32174

New Mailing Address:

392 S ATLANTIC AVE
ORMOND BEACH, FL 32176

FEI Number: 20-3399171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINQUIST, MELISSA R
3 TWIN RIVERS DR
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

WINQUIST, MELISSA R
392 S ATLANTIC AVE
ORMOND BEACH, FL 32176 US

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.

SIGNATURE: MELISSA R WINQUIST

04/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: WINQUIST, GREGORY L
Address: 3 TWIN RIVERS DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP () Delete
Name: WINQUIST, MELISSA R
Address: 3 TWIN RIVERS DR
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: WINQUIST, GREGORY L
Address: 392 S ATLANTIC AVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: VP (X) Change () Addition
Name: WINQUIST, MELISSA R
Address: 392 S ATLANTIC AVE
City-St-Zip: ORMOND BEACH, FL 32176

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY L WINQUIST

PST

04/11/2009

Electronic Signature of Signing Officer or Director

Date