

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000120502

**FILED**  
**Mar 22, 2010**  
**Secretary of State**

**Entity Name:** WIN-WIN ASSOCIATION MANAGEMENT, INC.

**Current Principal Place of Business:**

392 S ATLANTIC AVE  
ORMOND BEACH, FL 32176

**New Principal Place of Business:**

**Current Mailing Address:**

392 S ATLANTIC AVE  
ORMOND BEACH, FL 32176

**New Mailing Address:**

**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  
392 S ATLANTIC AVE  
ORMOND BEACH, FL 32176 US

**Name and Address of New Registered Agent:**

WINQUIST, GREGORY L  
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: GREGORY L WINQUIST

03/22/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: GREGORY L WINQUIST

PST

03/22/2010

Electronic Signature of Signing Officer or Director

Date