

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000091550

FILED
Mar 09, 2009
Secretary of State

Entity Name: ALLIANCE ASSOCIATION MANAGEMENT COMPANY, INC

Current Principal Place of Business:

4523 PARKSIDE LANE
NICEVILLE, FL 32578

New Principal Place of Business:

408 KELLY PLANTATION DR.
DESTIN, FL 32541

Current Mailing Address:

4523 PARKSIDE LANE
NICEVILLE, FL 32578

New Mailing Address:

P.O. BOX 5025
NICEVILLE, FL 32578 50

FEI Number: 26-3479436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, STEVEN K
4399 COMMONS DRIVE EAST
SUITE 300
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WINTNER, KIM M
Address: 4523 PARKSIDE LANE
City-St-Zip: NICEVILLE, FL 32578

Title: VP () Delete
Name: FAYARD, JOSEPH L
Address: 644 GOLF COURSE DRIVE
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: S/T () Delete
Name: WINTNER, DENISE M
Address: 4523 PARKSIDE LANE
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KIM M. WINTNER

P

03/09/2009

Electronic Signature of Signing Officer or Director

Date