

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90319 031 \*\*\*150.00

**DOCUMENT # S27809**

1. Entity Name  
**MANAGEMENT BY ASSOCIATION, INC.**



Principal Place of Business  
**187 FOREST LAKES BLVD  
NAPLES, FL 34105 US**

Mailing Address  
**187 FOREST LAKES BLVD  
NAPLES, FL 34105 US**

**50044320**



04072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0241831</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**GRACEY, ROBERT T  
187 FOREST LAKES BLVD  
SUITE 300  
NAPLES, FL 34105**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GRACEY, ROBERT T., SR. 187 FOREST LAKES BLVD. NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GRACEY, MARYANN E. 187 FOREST LAKES BLVD. NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MORRISSEY, LYNNE P 4825 AZTEC CIRCLE NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 607, 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:** Robert Gracey **ROBERT GRACEY PRES** 4/27/05 239-649-5667  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #