


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

3/1

FILED
Mar 22, 2006 8:00 am
Secretary of State


03-13-2006 90072 050 ***150.00

DOCUMENT # S27809 1. Entity Name MANAGEMENT BY ASSOCIATION, INC.	
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Principal Place of Business 187 FOREST LAKES BLVD NAPLES, FL 34105 US	Mailing Address 187 FOREST LAKES BLVD NAPLES, FL 34105 US
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DO NOT WRITE IN THIS SPACE

66006386



03082006 00000000 000000000000

4. FEI Number 65-0241831	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 0000000000 0000000000

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 00000000 0000000000	
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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 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 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 T. Gracey* 3/20/06 239-649-5667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT
66006386

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 15, 2006

MANAGEMENT BY ASSOCIATION, INC.
187 FOREST LAKES BLVD
NAPLES, FL 34105 US

Subject: **MANAGEMENT BY ASSOCIATION, INC.**

Reference Number: **S27809**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM

ANNUAL REPORTS SECTION