

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 16, 2007 08:00 AM  
Secretary of State**

**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
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**DO NOT WRITE IN THIS SPACE**



04122007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0241831	Applied For 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: Robert T. Gracey (NOTE: Registered Agent signature required when reinstating)  
DATE: 4/12/07

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

U00000709751  
04/25/07-80016-010 150.00

**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 (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)  
DATE: 4/12/07  
DAYTIME PHONE #: 239-649-5667