

**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



04122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0241831

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** 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. Gracy
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/12/07
DATE

**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	

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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. Gracy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/07
Date

239-649-5667
Daytime Phone #