

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 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**



04152008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0241831

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U000000913865

05/18/08-80034-005 150.00

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	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert Gracy

4/16/08

234-649-5667