

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N12948 (8)**  
1. Corporation Name  
**SPRAY COTTAGES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**% ASSOCIATED PROPERTY MANAGEMENT**  
**400 S. DIXIE HWY SUITE 10**  
**LAKE WORTH FL 33460**

3. Date Incorporated or Qualified **01/09/1986** 3a. Date of Last Report **04/06/1995**

2. Principal Place of Business 2a. Mailing Address  
4. FEI Number **59-2659623** Applied For  
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**ASSOCIATED PROPERTY MANAGEMENT**  
**400 S. DIXIE HWY SUITE 10**  
**LAKE WORTH FL 33460**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMAN, CHARLES		1.2 NAME	
STREET ADDRESS	9733 SPRAY DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL		1.4 CITY-ST-ZIP	
TITLE	STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, KYRAN		2.2 NAME	
STREET ADDRESS	9629 SPRAY DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL		2.4 CITY-ST-ZIP	
TITLE	<del>VD</del>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEFILIPPO, JR., ALFRED		3.2 NAME	<b>D. Svenson, John</b>
STREET ADDRESS	9717 SPRAY DRIVE		3.3 STREET ADDRESS	<b>9625 Spray Drive</b>
CITY-ST-ZIP	W. PALM BEACH FL		3.4 CITY-ST-ZIP	<b>West Palm Beach, FL</b>
TITLE	<del>DL</del>	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, GARY		4.2 NAME	
STREET ADDRESS	9693 SPRAY DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL		4.4 CITY-ST-ZIP	
TITLE	<del>D</del>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINNICK, SHERRY D.		5.2 NAME	<b>Davis, Barbara</b>
STREET ADDRESS	9709 SPRAY DRIVE		5.3 STREET ADDRESS	<b>1699 Breakers West Blvd</b>
CITY-ST-ZIP	W. PALM BEACH FL		5.4 CITY-ST-ZIP	<b>WPB, FL 33411</b>
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles Bauman Pres.* 4/16/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)