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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12948 (8)
1. Corporation Name
SPRAY COTTAGES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business % ASSOCIATED PROPERTY MANAGEMENT 400 S. DIXIE HWY SUITE 10 LAKE WORTH FL 33460	Mailing Address % ASSOCIATED PROPERTY MANAGEMENT 400 S. DIXIE HWY SUITE 10 LAKE WORTH FL 33460
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3. Date Incorporated or Qualified

01/09/1986

4. FEI Number

59-2659623

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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 ☐ DELETE

TITLE	PD
NAME	BAUMAN, CHARLES
STREET ADDRESS	9733 SPRAY DRIVE
CITY-ST-ZIP	W. PALM BEACH FL

TITLE	STD
NAME	MURPHY, KYRAN
STREET ADDRESS	9629 SPRAY DRIVE
CITY-ST-ZIP	W. PALM BEACH FL

TITLE	D
NAME	SYVERSON, JOHN
STREET ADDRESS	9685 SPRAY DRIVE
CITY-ST-ZIP	W. PALM BEACH FL

TITLE	D
NAME	STEVENS, GARY
STREET ADDRESS	9693 SPRAY DRIVE
CITY-ST-ZIP	W. PALM BEACH FL

TITLE	D
NAME	DAVIS, BARBARA
STREET ADDRESS	1688 BREAKERS WEST BLVD
CITY-ST-ZIP	W PALM BEACH FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

KYRAN MURPHY

3-31-98

(561) 790-4858

CF2E037 (10/97)