

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90024 008 \*\*\*\*61.25

**DOCUMENT # N12948**

1. Entity Name

**SPRAY COTTAGES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

% ASSOCIATED PROPERTY MANAGEMENT  
1928 LAKE WORTH ROAD  
LAKE WORTH FL 33461

Mailing Address

% ASSOCIATED PROPERTY MANAGEMENT  
1928 LAKE WORTH ROAD  
LAKE WORTH FL 33461

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2659623**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASSOCIATED PROPERTY MANAGEMENT  
1928 LAKE WORTH ROAD  
LAKE WORTH FL 33461**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VD  
NAME SYVERSON, JOHN A. ☒ Change ☐ Addition  
STREET ADDRESS 32 SOUTH ROAD  
CITY-ST-ZIP HARRISON, NY 10528

TITLE TD  
NAME PRANICH, KANOK ☐ Delete  
STREET ADDRESS 9701 SPRAY DRIVE  
CITY-ST-ZIP W. PALM BEACH FL

TITLE SD  
NAME PRANICH, KANOK ☐ Change ☒ Addition  
STREET ADDRESS 9701 SPRAY DR.  
CITY-ST-ZIP WEST PALM BEACH, FL 33411

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

TITLE D  
NAME LIPMAN, ARNOLD ☐ Change ☒ Addition  
STREET ADDRESS 126 RYE RIDGE RD.  
CITY-ST-ZIP HARRISON, NY 10528

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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 617, 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 #