


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90029 034 \*\*\*\*61.25

<b>DOCUMENT # N12948</b> 1. Entity Name <b>SPRAY COTTAGES HOMEOWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>% ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH ROAD LAKE WORTH FL 33461</b>	Mailing Address <b>% ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH ROAD LAKE WORTH FL 33461</b>
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2. Principal Place of Business Suite, Apt, #, etc. _____	3. Mailing Address Suite, Apt, #, etc. _____
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1st MOORE CR2E037 (10/05)

City & State	City & State	4. FEI Number <b>59-2659623</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH ROAD LAKE WORTH FL 33461</b>	<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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8. The above named entity submits this report 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:

SIGNATURE \_\_\_\_\_  
Signature, typed or printed \_\_\_\_\_ d agent and title if applicable \_\_\_\_\_ (Current Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE	VD	<input type="checkbox"/> Delete
NAME	SYVERSON, JOHN A	
STREET ADDRESS	32 SOUTH ROAD	
CITY-ST-ZIP	HARRISON NY 10528	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PRANICH, KANOK	
STREET ADDRESS	9701 SPRAY DRIVE	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PRANICH, KANOK	
STREET ADDRESS	9701 SPRAY DR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEAC, CATERINA I	
STREET ADDRESS	9664 SPRAY DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, BARBARA	
STREET ADDRESS	1688 BREAKERS WEST BVLD	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BAUMAN, CHARLES	
STREET ADDRESS	9733 SPRAY DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: *Charles Bauman President* 3/10/06