
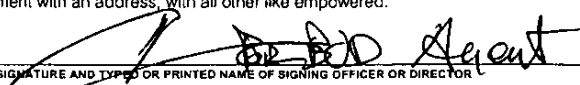


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90177 048 \*\*\*\*61.25

<b>DOCUMENT # N12948</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2659623	
Zip		Country		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYVERSON, JOHN A		NAME		
STREET ADDRESS	32 SOUTH ROAD		STREET ADDRESS		
CITY-ST-ZIP	HARRISON, NY 10528		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRANICH, KANOK		NAME		
STREET ADDRESS	9701 SPRAY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH, FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRANICH, KANOK		NAME		
STREET ADDRESS	9701 SPRAY DR.		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAC, CATERINA I		NAME		
STREET ADDRESS	9664 SPRAY DR		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMAN, CHARLES		NAME		
STREET ADDRESS	9733 SPRAY DR		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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: 			Date: 4/17/07		Daytime Phone #: 561-588-7210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

40060000



03212007 Chg-NP CR2E037 (12/06)