

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91207 034 \*\*\*61.25

**DOCUMENT # N12948**

1. Entity 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

11004916



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

*Associated Property*  
Suite, Apt #, etc.  
*1928 LAKE WORTH RD*  
City & State  
*LAKE WORTH, FL*

3. Mailing Address

*Associated Property*  
Suite, Apt #, etc.  
*1928 LAKE WORTH RD*  
City & State  
*LAKE WORTH, FL*

4. FEI Number **59-2659623**

Applied For

Not Applicable

Zip *33461*

Country *USA*

Zip *33461*

Country *USA*

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

*Associated Property Management*  
Street Address (P.O. Box Number is Not Acceptable)  
*1928 LAKE WORTH RD.*  
City *LAKE WORTH* FL Zip Code *33461*

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

*Agent* *4/15/03*

**FILE NOW: FEE IS \$61.25**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BAUMAN, CHARLES	
STREET ADDRESS	9733 SPRAY DRIVE	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PRANICH, KANOK	
STREET ADDRESS	9701 SPRAY DRIVE	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SYVERSON, JOHN	
STREET ADDRESS	9685 SPRAY DRIVE	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	STEVENS, GARY	
STREET ADDRESS	9693 SPRAY DRIVE	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, BARBARA	
STREET ADDRESS	1688 BREAKERS WEST BULD	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
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 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 another like empowered.

SIGNATURE:

*Charles Bauman Pres*

*04/09/03*

CR2E037 (10/02)