

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12948

Entity Name: SPRAY COTTAGES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**LANG MANAGEMENT
20145 COMMERCIAL TRAIL
BOCA RATON, FL 33486**Current Mailing Address:**LANG MANAGEMENT
20145 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US**FEI Number:** 59-2659623**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CARROLL, KEVIN
LANG MANAGEMENT
20145 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US*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.***SIGNATURE:** KEVIN CARROLL

04/10/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name PARLOW, ROGER J
Address 9645 SPRAY DR
City-State-Zip: WEST PALM BEACH FL 33411

Title V
Name ILIFF, JOHN T
Address 9677 SPRAY DR
City-State-Zip: WEST PALM BEACH FL 33411

Title S
Name URBAN, LESLIE
Address 9637 SPRAY DR
City-State-Zip: WEST PALM BEACH FL 33411

Title T
Name KRAUSE, RICHARD
Address 9725 SPRAY DR
City-State-Zip: WEST PALM BEACH FL 33411

Title D
Name HOFFMAN, INGE PAUL
Address 9709 SPRAY DR
City-State-Zip: WEST PALM BEACH FL 33411

Title D
Name VANDINGENEN, DENNIS
Address 9741 SPRAY DR
City-State-Zip: WEST PALM BEACH FL 33411

Title DIRECTOR
Name OSUCH, BETH
Address 9629 SPRAY DRIVE
City-State-Zip: WEST PALM BEACH FL 33411

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROGER PARLOW

PRESIDENT

04/10/2014

Electronic Signature of Signing Officer/Director Detail

Date