### **2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12948

Entity Name: SPRAY COTTAGES HOMEOWNERS ASSOCIATION, INC.

FILED Feb 21, 2013 Secretary of State CC1875559209

# **Current Principal Place of Business:**

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

## **Current Mailing Address:**

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

FEI Number: 59-2659623 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

ST. JOHN CORE & LEMME, P.A. 1601 FORUM PLACE, SUITE 701 WEST PALM BEACH, FL 33401 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:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title	Р	Title V	1
-------	---	---------	---

Name PARLOW, ROGER J Name SYVERSON, JOHN A
Address 9645 SPRAY DR Address 9685 SPRAY DR

City-State-Zip: WEST PALM BEACH FL 33411 City-State-Zip: WEST PALM BEACH FL 33411

Title S Title T

NameURBAN, LESLIENameKRAUSE, RICHARDAddress9637 SPRAY DRAddress9725 SPRAY DR

City-State-Zip: WEST PALM BEACH FL 33411 City-State-Zip: WEST PALM BEACH FL 33411

Title D Title D

Electronic Signature of Signing Officer/Director Detail

Name HOFFMAN, INGE PAUL Name VANDINGENEN, DENNIS

Address 9709 SPRAY DR Address 9741 SPRAY DR

City-State-Zip: WEST PALM BEACH FL 33411 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: PARLOW, ROGER

**PRESIDENT** 

02/21/2013