## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N12948**

1. Entity Name
SPRAY COTTAGES HOMEOWNERS ASSOCIATION, INC.



## **FILED** Mar 29, 2005 8:00 am Secretary of State

03-29-2005 90018 040 \*\*\*\*61.25

						TEST					
% ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH ROAD		% A 192	Mailing Address % ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH ROAD LAKE WORTH, FL 33461				 	; , , , , , , , , , , , , , , , , , , ,	TRI FIZII BEDE! FI	ari digin grdir did	
2. Principal Place of Business		3. Ma	3. Mailing Address								
Suite, Apt. #, etc.		Sı	Suite, Apt. #, etc.				02242005 C	Chg-NP	CR2E0	37 (10/03)	
City & State		City & State					4. FEI Number 59-26596	23		<b>⊢</b>	oplied For
Zip	Country	Zi	Zip Cou		intry		5. Continuate of Otalias Desired			\$8.75 Additional Fee Required	
	6. Name and Address of Current	Register	ed Agent			_	7. Name and Ad	dress of New	Registered	Agent	
ASSOCIATED PROPERTY MANAGEMENT					Name						
1928 LAKE WORTH ROAD LAKE WORTH, FL 33461				Street Address			P.O. Box Number is	Not Acceptat	ole)		
		City					FL	Zip Coo	le		
The charge area desired with a sharp of the state of the						ragiotar	ad agent or both in	the State of I		- 1	and assent
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											
	Signature, typed or printed name of registered agent	and the if ap	plicable. (NOTE:	Hegistered	d Agent signati	ure required	when reinstating)		DATE		
Filing Fee is \$61.25 9. Election Cam Due by May 1, 2005 Trust Fund C				_	•		\$5.00 May Be Added to Fees			k payable t rtment of S	
10. OFFICERS AND DIRECTORS				11.			ADDITIONS/CHANG	SES TO OFFIC	ERS AND D	IRECTORS IN	1 10
TITLE	VD		☐ Delete	TITLE		PD				☐ Change	Addition
NAME	SYVERSON, JOHN A			NAME	E	BAU	MAN, CHA	RCES			
STREET ADDRESS   32 SOUTH ROAD CITY-ST-ZIP HARRISON, NY 10528			STREET ADDRESS CITY-ST-ZIP			973.	3 SPRAY	DRI Benzila	r-/ 3	2/11	
TITLE	TD		☐ Delete	TITLE	51-28	WE5	PACI	DEHLOY	pc 3.	☐ Change	Addition
NAME	PRANICH, KANOK		LI Delete	NAME		DEA	C. CATERI	NA IAP	PAOLO	Change	Modificial
STREET ADDRESS	9701 SPRAY DRIVE		STRE		ET ADDRESS	BAUMAN, CHARLES  9733 SPRAY DR.  WEST PAIN BEACH, FC 3341  DEAC, CATERINA IAPAOLO  9669 SPRAY DR.  WEST PAIN BEACH, PC 33411					
CITY-ST-ZIP	W. PALM BEACH, FL			CiTY-	-ST-ZIP	WES	ST PALM 1	BEACH,	PC 3:	3411	
TITLE	SD		☐ Defete	TITLE	:			,		☐ Change	☐ Addition
NAME PERCET ADDRESS	PRANICH, KANOK			NAME							
STREET ADDRESS CITY-ST-ZIP	9701 SPRAY DR.   WEST PALM BEACH, FL 33411				ET ADDRESS - ST-ZIP						
TITLE	D		Delete	TITLE						☐ Change	Addition
NAME	LIPMAN, ARNOLD		Delete	NAME						onlings	
STREET ADDRESS	126 RYE RIDGE RD.			STREE	ET ADDRESS						
CITY-ST-ZIP	HARRISON, NY 10528			CITY-	-ST-ZIP						
TITLE	D DANIE BARRA		☐ Delete	TITLE						Change	Addition
NAME STREET ADDRESS	DAVIS, BARBARA			NAME	4						
CITY-ST-ZIP	1688 BREAKERS WEST BVLD W PALM BEACH, FL				ET ADDRESS -ST-ZIP						
TITLE			☐ Delete	TITLE						☐ Change	Addition
NAME			T DOING	NAME						□ Change	☐ Addition
STREET ADDRESS					ET ADDRESS						
CITY - ST - ZIP				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 truetee 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 piling like empowered.

**SIGNATURE:**