

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003680

FILED
Apr 21, 2008
Secretary of State

Entity Name: COCONUT PALMS APARTMENTS, INC.

Current Principal Place of Business:

320 N. MAIN STREET, SUITE 200
ANN ARBOR, MI 48104

New Principal Place of Business:

Current Mailing Address:

320 N. MAIN STREET, SUITE 200
ANN ARBOR, MI 48104

New Mailing Address:

FEI Number: 58-1906603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALEITA, GARY M
215 NORTH EOLA DRIVE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BERRIZ, ALBERT M
Address: 320 N. MAIN STREET, SUITE 200
City-St-Zip: ANN ARBOR, MI 48104

Title: VP () Delete
Name: CASWELL, ROYAL E III
Address: 320 N. MAIN STREET, SUITE 200
City-St-Zip: ANN ARBOR, MI 48104

Title: EVP () Delete
Name: HAYWARD, KEITH D
Address: 320 N. MAIN STREET, SUITE 200
City-St-Zip: ANN ARBOR, MI 48104

Title: CIO () Delete
Name: KLEINSCHMIDT, JEFFREY R
Address: 320 N. MAIN STREET, SUITE 200
City-St-Zip: ANN ARBOR, MI 48104

Title: D () Delete
Name: WEISER, MARC A
Address: 320 N. MAIN STREET, SUITE 200
City-St-Zip: ANN ARBOR, MI 48104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE L. SMITH

CFO

04/21/2008

Electronic Signature of Signing Officer or Director

Date