

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N39605 (3)
 1. Corporation Name
COCONUT PALM COOPERATIVE HOMES, INC.



Principal Place of Business 320 N. MAIN ST., SUITE 200 P.O. BOX 8649 ANN ARBOR MI 48107	Mailing Address 320 N. MAIN ST., SUITE 200 P.O. BOX 8649 ANN ARBOR MI 48107
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3. Date Incorporated or Qualified 08/17/1990
4. FEI Number 58-1906603
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**KALEITA, GARY M.
 215 N. EOLA DR.
 ORLANDO FL 32801**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TYLER, WILLIAM	
STREET ADDRESS	320 N MAIN ST	
CITY-ST-ZIP	ANN ARBOR MI	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KEITH, HAYWARD D.	
STREET ADDRESS	320 N MAIN ST	
CITY-ST-ZIP	ANN ARBOR MI	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BERRIZ, ALBERT	
STREET ADDRESS	320 N MAIN ST	
CITY-ST-ZIP	ANN ARBOR MI	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	O'MALLEY, PENNY H.	
STREET ADDRESS	320 N MAIN ST	
CITY-ST-ZIP	ANN ARBOR MI	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEAHY, CHARLES E.	
STREET ADDRESS	320 N MAIN ST	
CITY-ST-ZIP	ANN ARBOR MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles E. Leahy* **Charles E. Leahy** 4/29/98 (724) 7109-3510

CP2E037 (10/97)