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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

DOCUMENT # **N39605** (3)

1. Corporation Name

COCONUT PALM COOPERATIVE HOMES, INC.



Principal Place of Business

Mailing Address

**320 N. MAIN ST., SUITE 200
P.O. BOX 8649
ANN ARBOR MI 48107**

**320 N. MAIN ST., SUITE 200
P.O. BOX 8649
ANN ARBOR MI 48107**

3. Date Incorporated or Qualified

08/17/1990

4. FEI Number

58-1906603

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KALEITA, GARY M.
215 N. EOLA DR.
ORLANDO FL 32801**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **TYLER, WILLIAM**
STREET ADDRESS **320 N MAIN ST**
CITY-ST-ZIP **ANN ARBOR MI**

1.1 TITLE ☐ Change ☐ Addition

TITLE **TD** ☐ DELETE

NAME **KEITH, HAYWARD D.**
STREET ADDRESS **320 N MAIN ST**
CITY-ST-ZIP **ANN ARBOR MI**

1.2 NAME ☐ Change ☐ Addition

TITLE **VPD** ☐ DELETE

NAME **BERRIZ, ALBERT**
STREET ADDRESS **320 N MAIN ST**
CITY-ST-ZIP **ANN ARBOR MI**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE **ASD** ☐ DELETE

NAME **O'MALLEY, PENNY H.**
STREET ADDRESS **320 N MAIN ST**
CITY-ST-ZIP **ANN ARBOR MI**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SD** ☐ DELETE

NAME **LEAHY, CHARLES E.**
STREET ADDRESS **320 N MAIN ST**
CITY-ST-ZIP **ANN ARBOR MI**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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,

4/29/98 (724) 7109-3510

CR2E037 (10/97)