

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39605

1. Entity Name

COCONUT PALM COOPERATIVE HOMES, INC.

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90098 001 ***122.50

| | |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| 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 48107-8649 |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|



DO NOT WRITE IN THIS SPACE

| | | | |
|------------------------------------------------------------------------------|------------------------------------------------------------------|---------|---------|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip | Country | Country |
|------------------------------------------------------------------------------|------------------------------------------------------------------|---------|---------|

| | | |
|-------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------|
| 4. FEI Number 58-1906603 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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.

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

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

| 10. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|------------------------------------------------|----------------------------------------------------------------------|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TYLER, WILLIAM 320 N MAIN ST ANN ARBOR MI | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD KEITH, HAYWARD D. 320 N MAIN ST ANN ARBOR MI | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD BERRIZ, ALBERT 320 N MAIN ST ANN ARBOR MI | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASD O'MALLEY, PENNY H. 320 N MAIN ST ANN ARBOR MI | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LEAHY, CHARLES E. 320 N MAIN ST ANN ARBOR MI | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------------------------------------------------------|--|---------------------------------|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |

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 trustee 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 other like empowered.

Charles E. Leahy,
Secretary

SIGNATURE: *Charles E. Leahy*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00 734-769-8520
 Date Daytime Phone #

CR2E037 (9/99)