

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2004  
Secretary of State**

DOCUMENT# N39605

Entity Name: COCONUT PALM COOPERATIVE HOMES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**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 N. EOLA DR.  
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

**OFFICERS AND DIRECTORS:**

Title: ASVD ( ) Delete  
Name: TYLER, WILLIAM,  
Address: 320 N MAIN ST  
City-St-Zip: ANN ARBOR, MI 48104

Title: COOD ( ) Delete  
Name: KEITH, HAYWARD D.,  
Address: 320 N MAIN ST  
City-St-Zip: ANN ARBOR, MI 48104

Title: PDCO ( ) Delete  
Name: BERRIZ, ALBERT  
Address: 320 N MAIN ST  
City-St-Zip: ANN ARBOR, MI 48104

Title: CFO ( ) Delete  
Name: GLUK, ROBERT  
Address: 320 N MAIN ST  
City-St-Zip: ANN ARBOR, MI 48104

Title: S ( ) Delete  
Name: BETTERLY, THELMA  
Address: 320 N MAIN ST  
City-St-Zip: ANN ARBOR, MI 48104

Title: D ( ) Delete  
Name: WEISER, MARC A  
Address: 320 N MAIN ST  
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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL ZULTOWSKI

SECR

04/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

ZULTOWSKI, MICHAEL  
320 N MAIN ST  
ANN ARBOR, MI 48104

RUSSELL, MELANIE  
320 N MAIN ST  
ANN ARBOR, MI 48104

POLSINELLI, KEN, SVPAS  
320 N MAIN ST  
ANN ARBOR, MI 48104

KLEINSCHMIDT, JEFFREY, EVP/TREASURER  
320 N MAIN ST  
ANN ARBOR, MI 48104

KERN, DIANA, EVP  
320 N MAIN ST  
ANN ARBOR, MI 48104

CASWELL III, ROYAL E, VP  
320 N MAIN ST  
ANN ARBOR, MI 48104

ANDREWS, KAREN A, CPO  
320 N MAIN ST  
ANN ARBOR, MI 48104

ANDREWS, KAREN A, CPO  
320 N MAIN ST  
ANN ARBOR, MI 48104