

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39605

FILED
Apr 20, 2005
Secretary of State

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: CAO (X) Change () Addition
Name: ANDREWS, KAREN
Address: 320 N MAIN ST
City-St-Zip: ANN ARBOR, MI 48104

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

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

Title: TREA (X) Change () Addition
Name: KLEINSCHMIDT, JEFFREY
Address: 320 N MAIN ST
City-St-Zip: ANN ARBOR, MI 48104

Title: S (X) Change () Addition
Name: ZULTOWSKI, MICHAEL
Address: 320 N MAIN ST
City-St-Zip: ANN ARBOR, MI 48104

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

04/20/2005

Electronic Signature of Signing Officer or Director

_____ Date