

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90090 035 ***150.00

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1. Corporation Name

COCONUT PALMS HOMESTEAD, INC.

Principal Place of Business

C/O ANN WEINSTEIN COOPERS LYBRAND PARTNERS
GROWTH FUND 1301 AVENUE OF THE AMERICAS
NEW YORK NY 10019

Mailing Address

C/O ANN WEINSTEIN COOPERS LYBRAND PARTNERS
GROWTH FUND 1301 AVENUE OF THE AMERICAS
NEW YORK NY 10019

2. Principal Place of Business

21 C/O Ann Weinstein/Princeton House
Suite, Apt. #, etc. Coopers

2a. Mailing Address

2a C/O Ann Weinstein/Princeton House
Suite, Apt. #, etc. Coopers

22 1301 Avenue of the Americas
City & State

27 1301 Avenue of the Americas
City & State

23 New York NY
City State

28 New York NY
City State

24 10019 USA
Zip Country

29 10019 USA
Zip Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

3. Date Incorporated or Qualified

01/05/1996

4. FEI Number
65-0674037

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

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 607.0502 and 607.1508, 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 607.0505, 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

TITLE D ☐ DELETE

NAME LEARDO, PATRICK R
STREET ADDRESS 1301 AVENUE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY 10019

TITLE D ☐ DELETE

NAME SCHNEIDER, HERMAN
STREET ADDRESS 1301 AVENUE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY 10019

TITLE D ☒ DELETE

NAME GARRETT, MICHAEL
STREET ADDRESS 1301 AVENUE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY 10020

TITLE D ☐ DELETE

NAME WEINSTEIN, ANNE
STREET ADDRESS 1301 AVENUE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY 10019

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE V ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE S/T ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ann S. Weinstein 4/12/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(212) 259-1174
Daytime Phone #

CR2E034 (11/98)