2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 08, 2004 8:00 am **Secretary of State DOCUMENT # N00000004824** 03-08-2004 90029 013 ****61.25 SANDPIPER CO-OP, INC. Principal Place of Business Mailing Address 1412 AZALEA DRIVE 1412 AZALEA DRIVE 34U6V0*** LEESBURG, FL 34788 LEESBURG, FL 34788 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092004 Chg-NP CR2E037 (10/03) City & State City & State Applied For 4. FEI Number 59-3661811 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERNSTEIN, DAVID S ESQ 150 2ND AVE N, 17TH FLOOR Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG, FL 33701 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE U.T. Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Florida Department of State Trust Fund Contribution. tasta i Liba Due by May 1, 2004, Added to Fees 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ... : ; OFFICERS AND DIRECTORS **11.** அவச்ச VD TITLE 🗷 Delete Change TITLE ★ Addition FRED VOLK COTTON, DOROON NAME NAME 604 SANDPIPER DRIVE 321 MAGNOLIA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34788 CITY-ST-ZIP DP Delete TITLE TITLE Change Addition CAMPBELL, CALVIN NAME NAME STREET ADDRESS 234 N. LAKE SHORE DR. STREET ADDRESS LEESBURG, FL 34788 CITY-ST-ZIP CITY-ST-ZIP ΤĐ TΩ Delete Change ★ Addition TITLE TITLE CARL SPROATT SHERWOOD, BRUCE SR NAME NAME 103 LAKE SHORE CIRCLE 606 SANDPIPER DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34788 CITY-ST-ZIP TITLE ☐ Change Delete Addition TITLE WOLF, JAMES NAME NAME STREET ADDRESS 816 PINE DR. STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34788 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition WHITAKER, TWILA NAME NAME STREET ADDRESS 911 QUAIL DR China STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34788 CITY-ST-ZIP TITLE TITLE -🔲 Delete 👾 NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/04 352-357-088

FILED