2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N0000004824 03-16-2006 90224 005 ****61.25 SANDPIPER CO-OP, INC. Principal Place of Business Mailing Address 1412 AZALEA DRIVE 1412 AZALEA DRIVE 50003022 LEESBURG, FL 34788 LEESBURG, FL 34788 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01072006 CR2E037 (11/05) Applied For City & State 4. FEI Number City & State 59-3661811 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPROATT, CARL J Street Address (P.O. Box Number is Not Acceptable) 103 LAKE SHORE CIRCLE LEESBURG, FL 34788-8967 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 **\$5.00** May Be Florida Department of State Due by May 1, 2006 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. VD ☐ Change Addition 🗷 Delete TITLE TITLE VOLK, FRED NAME NAME 604 SANDPIPER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEESBURG, FL 34788 ■ Delete TITLE Change TITLE Sherwood CAMPBELL, CALVIN NAME NAME 606 Sandpiper 234 N. LAKE SHORE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34788 CITY-ST-ZIP Change Addition TD Delete TITLE TITLE SPROATT, CARL NAME NAME STREET ADDRESS 103 LAKE SHORE CIRCLE STREET ADDRESS LEESBURG, FL 34788 CITY-ST-7IP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE WOLF, JAMES NAME NAME STREET ADDRESS 816 PINE DR. STREET ADDRESS LEESBURG, FL 34788 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE WHITAKER, TWILA NAME NAME STREET ADDRESS 911 QUAIL DR STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34788 CITY-ST-ZIP ☐ Channe ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

FILED Mar 16, 2006 8:00 am

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Designing Prone #