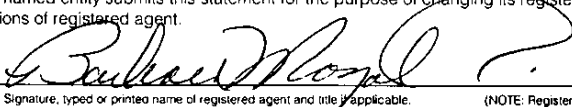
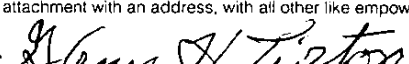


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90006 011 ****61.25

DOCUMENT # N00000004824 1. Entity Name SANDPIPER CO-OP, INC.					
Principal Place of Business 1412 AZALEA DRIVE LEESBURG, FL 34788			Mailing Address 1412 AZALEA DRIVE LEESBURG, FL 34788		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 01102007 Chg-NP CR2E037 (12/06)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3661811				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPROATT, CARL J 103 LAKE SHORE CIRCLE LEESBURG, FL 34788-8967			7. Name and Address of New Registered Agent Name BARBARA MAGALSKI Street Address (P.O. Box Number is Not Acceptable) PARENT MANAGEMENT Co. 613 S. 12th Street City LEESBURG FL Zip Code 34748		
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  BARBARA MAGALSKI 3-21-07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TIPTON, GLENN 607 SANDPIPER DRIVE LEESBURG, FL 34788	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAHTINEN, KAREN 609 Sandpiper Dr. LEESBURG FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHERWOOD, BRUCE 606 SANDPIPER DRIVE LEESBURG, FL 34788	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOEHLER, DAVID 514 CARDINAL DR LEESBURG FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMPSON, CORANE 820 PINE DRIVE LEESBURG, FL 34788	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	THOMPSON, CORALIE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLF, JAMES 816 PINE DR. LEESBURG, FL 34788	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHITAKER, TWILA 911 QUAIL DR LEESBURG, FL 34788	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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.					
SIGNATURE:  GLENN TIPTON, President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

352-357-6923