2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Mar 28, 2007 8:00 am **Secretary of State** DOCUMENT # N00000004824 03-28-2007 90006 011 ****61.25 SANDPIPER CO-OP, INC. Principal Place of Business Mailing Address 1412 AZALEA DRIVE 1412 AZALEA DRIVE LEESBURG, FL 34788 LEESBURG, FL 34788 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-3661811 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RBARA MAGALSKL SPROATT, CARL J 103 LAKE SHORE CIRCLE LEESBURG, FL 34788-8967 lath Street EESDUIG 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 15 Signature, typed or printed name of registered agent and title is applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Due by May 1, 2007 Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11 PD TITLE Delete TITLE TAHTINEN, KAREN Dr. 609 Sandpiper Dr. LEESBURG FL 34788 SD NAME TIPTON, GLENN NAME STREET ADDRESS 607 SANDPIPER DRIVE STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34788 CITY-ST-ZIP TD TITLE ☐ Delete TITLE ☐ Change ✓ Addition KOEHLER, DAVID 514 CARDINAL Dr LEESBURG FL 34 SHERWOOD, BRUCE NAME NAME STREET ADDRESS 606 SANDPIPER DRIVE STREET ADDRESS 34788 CITY-ST-ZIP LEESBURG, FL 34788 CITY-ST-ZIP TITLE VD ☐ Delete TITLE Change ☐ Addition THOMPSON, CORALIE THOMPSON, CORANE NAME NAME STREET ADDRESS 820 PINE DRIVE STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34788 CITY-ST-ZIP ☑ Delete TITLE TITLE ☐ Change ☐ Addition WOLF, JAMES NAME NAME STREET ADDRESS 816 PINE DR. STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34788 CITY-ST-ZIP TITLE Delete TITLE □ Change Addition WHITAKER, TWILA NAME NAME 911 QUAIL DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34788 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

FILED