## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Feb 25, 2008 8:00 am Secretary of State 02-25-2008 90066 050 \*\*\*\*70.00 DOCUMENT # N00000004824 SANDPIPER CO-OP, INC. 40032140 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 01022008 Chq-NP CR2E037 (12/06) 4. FEI Number 59-3661811 Applied For City & State City & State Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAGALSKI, BARBARA Street Address (P.O. Box Number is Not Acceptable) PARENT MANAGEMENT CO. **613 S. 12TH STREET** LEESBURG, FL 34748 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 **\$5.00** May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE ☐ Delete ☐ Addition ☐ Change TIPTON: GLENN NAME NAMÉ 607 SANDPIPER DRIVE STREET ADDRESS STREET ADDRESS LEESBURG, FL 34788 CITY-ST-ZIP CITY-ST-ZIP T/D TITLE Delete TITLE ☐ Change **Addition** SHERWOOD, BRUCE NAME NAME Cotton, Doreen 606 SANDPIPER DRIVE 321 Magnolia Drive STREET ADDRESS STREET ADDRESS LEESBURG, FL 34788 Leesburg FL 34788 CITY-ST-ZIP CITY-ST-ZIP VD TITLE Delete TITLE □ Change ☐ Addition THOMPSON, CORALIE NAME NAME STREET ADDRESS 820 PINE DRIVE STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34788 CITY-ST-ZIP TITLE **⊠** Delete TITLE ☐ Change **Addition** Hill, Joel KOEHLER, DAVID NAME NAME 1302 Oak Court 514 CARDINAL DR STREET ADDRESS STREET ADDRESS Leesburg FL 34788 CITY-ST-ZIP LEESBURG, FL 34788 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition TAHTINEN, KAREN NAME NAME 609 SANDPIPER DR STREET ADDRESS STREET ADDRESS CITY-ST-7P LEESBURG, FL 34788 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

12. Thereby certify that the information supplied with this filling 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