2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

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Entity Name: SANDPIPER CO-OP, INC.

Current Principal Place of Business:

1412 AZALEA DRIVE
LEESBURG, FL 34788

New Principal Place of Business:

Current Mailing Address:

1412 AZALEA DRIVE
LEESBURG, FL 34788

New Mailing Address:

FEI Number: 59-3661811 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MAGALSKI, BARBARA
PARENT MANAGEMENT CO.
613 S. 12TH STREET
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TIPTON, GLENN
Address: 607 SANDPIPER DRIVE
City-St-Zip: LEESBURG, FL 34788

Title: TD ( ) Delete
Name: COTTON, DOREEN
Address: 321 MAGNOLIA DRIVE
City-St-Zip: LEESBURG, FL 34788

Title: VD ( ) Delete
Name: THOMPSON, CORALIE
Address: 820 PINE DRIVE
City-St-Zip: LEESBURG, FL 34788

Title: D ( ) Delete
Name: HILL, JOEL
Address: 1302 OAK COURT
City-St-Zip: LEESBURG, FL 34788

Title: SD ( ) Delete
Name: TAHTINEN, KAREN
Address: 609 SANDPIPER DR
City-St-Zip: LEESBURG, FL 34788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: JENSON, WILLIAM L
Address: 424 OAK DRIVE
City-St-Zip: LEESBURG, FL 34788

Title: VPS (X) Change ( ) Addition
Name: CORALIE, THOMPSON
Address: 820 PINE DRIVE
City-St-Zip: LEESBURG, FL 34788

Title: T (X) Change ( ) Addition
Name: HIPLE, TERRY L
Address: 821 PINE DRIVE
City-St-Zip: LEESBURG, FL 34788

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: WOLF, JAMES O
Address: 816 PINE DR
City-St-Zip: LEESBURG, FL 34788

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM L. JENSON P 03/23/2009

Electronic Signature of Signing Officer or Director — Date