

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004824

Entity Name: SANDPIPER CO-OP, INC.**Current Principal Place of Business:**1412 AZALEA DRIVE
LEESBURG, FL 34788**Current Mailing Address:**1412 AZALEA DRIVE
LEESBURG, FL 34788**FEI Number:** 59-3661811**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MAGALSKI, BARBARA
PARENT MANAGEMENT CO.
613 S. 12TH STREET
LEESBURG, FL 34748 US*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**Officer/Director Detail :**

Title	VICE-PRESIDENT, DIRECTOR
Name	MILLER, THOMAS
Address	403 OAK DR.
City-State-Zip:	LEESBURG FL 34788

Title	PRESIDENT, DIRECTOR
Name	NEELD, JENNINGS
Address	111 LAKE SHORE CIRCLE
City-State-Zip:	LEESBURG FL 34788

Title	SECRETARY, DIRECTOR
Name	COE, CINDY
Address	712 FLAMINGO DRIVE
City-State-Zip:	LEESBURG FL 34788

Title	TREASURER, DIRECTOR
Name	HALSEL, DARRELL
Address	1101 SUNSET DR
City-State-Zip:	LEESBURG FL 34788

Title	DIRECTOR
Name	CARTWRIGHT, WILLIAM
Address	1408 AZALEA DR.
City-State-Zip:	LEESBURG FL 34788

I hereby 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 all other like empowered.

SIGNATURE: JENNINGS NEELD

PRESIDENT, DIRECTOR

02/05/2019

Electronic Signature of Signing Officer/Director Detail_____
Date