

2020 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 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 DIRECTOR
Name CARTWRIGHT, WILLIAM
Address 1408 AZALEA DR.
City-State-Zip: LEESBURG FL 34788

Title VP, DIRECTOR
Name DALLAS, JIM
Address 1412 AZALEA DRIVE
City-State-Zip: LEESBURG FL 34788

Title DIRECTOR, TREASURER
Name INGRAM, JOE
Address 1412 AZALEA DRIVE
City-State-Zip: LEESBURG FL 34788

Title DIRECTOR
Name CARTER, JOHN
Address 1412 AZALEA DRIVE
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

02/26/2020

Electronic Signature of Signing Officer/Director Detail

Date