2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# N05000006308

Entity Name: ENTERPRISE DESIGN CENTER MASTER ASSOCIATION, INC.

Current Principal Place of Business:

4001 TAMIAMI TRAIL NORTH STE 350
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

4001 TAMIAMI TRAIL NORTH STE 350
NAPLES, FL 34103

New Mailing Address:

FEI Number: 20-3035390 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

R & P PROPERTY MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104 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: DP ( ) Delete
Name: LUND, T. CHADWICK
Address: 4001 TAMIAMI TRAIL N STE 350
City-St-Zip: NAPLES, FL 34103

Title: DV ( ) Delete
Name: BURNETT, CHUCK
Address: 4001 TAMIAMI TRAIL N STE 350
City-St-Zip: NAPLES, FL 34103

Title: DST ( ) Delete
Name: STORY, JACK
Address: 4001 TAMIAMI TRAIL N STE 350
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: LUND, THOMAS
Address: 4001 TAMIAMI TRAIL N STE 350
City-St-Zip: NAPLES, FL 34103

Title: TSD (X) Change ( ) Addition
Name: STORY, JACK
Address: 4001 TAMIAMI TRAIL N STE 350
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the 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: GLENN CARROLL PRES 04/20/2007

Electronic Signature of Signing Officer or Director — Date