2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# N44258

Entity Name: EDGEWOOD RANCH ENDOWMENT, INC.

Current Principal Place of Business:

PO BOX 185
WINDERMERE, FL 34786 US

New Principal Place of Business:

1451 EDGEWOOD RANCH ROAD
ORLANDO, FL 32858 US

Current Mailing Address:

PO BOX 185
WINDERMERE, FL 34786 US

New Mailing Address:

FEI Number: 59-3080606 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUNEGAN, STEPHEN D ESQ
800 NORTH MAGNOLIA AVENUE
SUITE #1500
ORLANDO, FL 32803 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:	DST	( ) Delete
Name:	EASTWOOD, THOMAS	
Address:	201 E. PINE ST, SUITE 1100	
City-St-Zip:	ORLANDO, FL 32801	
Title:	D	( ) Delete
Name:	VEECH, ALEX	
Address:	7308 DELLA DRIVE	
City-St-Zip:	ORLANDO, FL 32819	
Title:	DV	( ) Delete
Name:	COCHRAN, MALCOLM L.,	
Address:	2014 DOWN WOODS LANE	
City-St-Zip:	WINDERMERE, FL 34786	
Title:	D	( ) Delete
Name:	OLESON, PREBAN	
Address:	1150 JETPORT DR	
City-St-Zip:	ORLANDO, FL 32809	
Title:	DP	( ) Delete
Name:	SIMON, DAVID	
Address:	125 NORTH DRIVE	
City-St-Zip:	WINDERMERE, FL 34786	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DV	(X) Change ( ) Addition
Name:	COCHRAN,, MALCOLM L	
Address:	2014 DOWN WOODS LANE	
City-St-Zip:	WINDERMERE, FL 34786	
Title:	D	(X) Change ( ) Addition
Name:	FLORELL, RICHARD	
Address:	1000 UNIVERSAL STUDIOS PLAZA	
City-St-Zip:	ORLANDO, FL FL 32819	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: DAVID H. SIMON DP 04/18/2007

Electronic Signature of Signing Officer or Director — Date