

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007787

FILED
Feb 28, 2011
Secretary of State

Entity Name: INDIAN RIDGE COMMERCE CENTER ASSOCIATION, INC.

Current Principal Place of Business:

10220 WEST STATE ROAD 84
UNIT# 1-16
DAVIE, FL 33324

New Principal Place of Business:

Current Mailing Address:

2325 NW 102 PLACE
DORAL, FL 33172

New Mailing Address:

2325 NW 102ND PLACE
DORAL, FL 33172

FEI Number: 20-8938956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARRIS, BOB
10220 WEST STATE ROAD 84
UNIT# 1
DAVIE, FL 33324 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
Name: SEXTON, MARK
Address: 10220 WEST STATE ROAD 84 UNIT#13
City-St-Zip: DAVIE, FL 33324

Title: VD
Name: HUTCHISON, TOM
Address: 10220 WEST STATE ROAD 84 UNIT#10
City-St-Zip: DAVIE, FL 33324

Title: SD
Name: HARRIS, BOB
Address: 10220 WEST STATE ROAD 84 UNIT#1
City-St-Zip: DAVIE, FL 33324

Title: TD
Name: BRIDGEMAN, JIM
Address: 10220 WEST STATE ROAD 84 UNIT#8
City-St-Zip: DAVIE, FL 33324

Title: D
Name: GABALDON, RAFAEL
Address: 10220 WEST STATE ROAD 84 UNIT#1
City-St-Zip: DAVIE, FL 33324

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: BOB HARRIS

RA

02/28/2011

Electronic Signature of Signing Officer or Director

Date