

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000007787

**Entity Name:** INDIAN RIDGE COMMERCE CENTER ASSOCIATION, INC.

**FILED**  
**Feb 10, 2017**  
**Secretary of State**  
**CC2954602033**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

2325 NW 102ND PLACE  
DORAL, FL 33172

**FEI Number:** 20-8938956

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HARRIS, BOB  
10220 WEST STATE ROAD 84  
UNIT# 1  
DAVIE, FL 33324 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 VP  
Name SEXTON, MARK  
Address 10220 WEST STATE ROAD 84 UNIT#13

City-State-Zip: DAVIE FL 33324

Title PRESIDENT  
Name HARRIS, BOB  
Address 10220 WEST STATE ROAD 84 UNIT#1

City-State-Zip: DAVIE FL 33324

Title D  
Name DENNIS, ANGLIN  
Address 10220 WEST STATE ROAD 84 UNIT#5

City-State-Zip: DAVIE FL 33324

Title SECRETARY  
Name HUTCHISON, TOM  
Address 10220 WEST STATE ROAD 84 UNIT#10

City-State-Zip: DAVIE FL 33324

Title TD  
Name BRIDGEMAN, JIM  
Address 10220 WEST STATE ROAD 84 UNIT#8

City-State-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

**PRESIDENT**

**02/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date