

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011024

FILED  
Jan 30, 2011  
Secretary of State

**Entity Name:** JAIN ASSOCIATION OF NORTH EAST FLORIDA, INC

**Current Principal Place of Business:**

133 CAMDEN CAY DRIVE  
SAINT AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

133 CAMDEN CAY DRIVE  
SAINT AUGUSTINE, FL 32086

**New Mailing Address:**

**FEI Number:** 27-1421064

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KOTHARI, JIGAR  
133 CAMDEN CAY DRIVE  
SAINT AUGUSTINE, FL 32086 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: D  
Name: KOTHARI, JIGAR  
Address: 133 CAMDEN CAY DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

Title: D  
Name: MOTIWALA, BHADRESH  
Address: 4347 EAGLE LANDING PARKWAY  
City-St-Zip: ORANGE PARK, FL 32065 US

Title: D  
Name: SHAH, NITIN  
Address: 4925 BOAT LANDING DR  
City-St-Zip: SAINT AUGUSTINE, FL 32092 US

Title: D  
Name: SHAH, DIPALI  
Address: 6424 HUNTSCOTT PL  
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: D  
Name: MUTHA, RAJESH  
Address: 8024 SOUTH SIDE BLVD, APT#94  
City-St-Zip: JACKSONVILLE, FL 32256 US

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:** JIGAR KOTHARI

D

01/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date