

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000000976

**Entity Name:** SINDHI ASSOCIATION, INC.

**Current Principal Place of Business:**

251 SOUTH STATE RD 7  
PLANTATION, FL 33317

**Current Mailing Address:**

251 SOUTH STATE RD 7  
PLANTATION, FL 33317 US

**FEI Number:** 31-1695289

**Certificate of Status Desired:** No

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

RAMCHANDANI, SUNIL  
251 SOUTH STATE RD 7  
PLANTATION, FL 33317 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:** SUNIL RAMCHANDANI

05/07/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name JHAM, ASHOK  
Address 10855 NW 27TH STREET  
City-State-Zip: MIAMI FL 33172

Title DIRECTOR  
Name RAMCHANDANI, SUNIL  
Address 251 SOUTH STATE RD 7  
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR  
Name SUJAN, JAYA  
Address 11353 NW 46TH LANE  
City-State-Zip: MIAMI FL 33178

Title DIRECTOR  
Name KIRPALANI, SHAILA  
Address 1630 BAY DRIVE  
City-State-Zip: MIAMI BEACH FL 33141

Title DIRECTOR  
Name SUJAN, TONY  
Address 10481 NW 36TH STREET  
City-State-Zip: DORAL FL 33178

Title PRESIDENT  
Name NERSIAN, DILLIP  
Address 825 BAYSIDE LANE  
City-State-Zip: WESTON FL 33326

Title VP  
Name MOTWANI, NIRMALA  
Address 1158 PEREGRINE WAY  
City-State-Zip: WESTON FL 33327

Title TREASURER  
Name GAJWANI, BASANT  
Address 19707 TURNBERRY WAY  
APT # 23J  
City-State-Zip: AVENTURA FL 33180

**Continues on page 2**

*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:** SHAILA KIRPALANI

DIRECTOR

05/07/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name CHATANI, HANISHA  
Address 31 SE 5TH STREET  
UNIT 2711  
City-State-Zip: MIAMI FL 33131

Title VP  
Name CHANDER, RANA  
Address 11009 SW 27TH STREET  
City-State-Zip: DAVIE FL 33328