

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000010798

Entity Name: TELANGANA ASSOCIATION OF FLORIDA, INC.**Current Principal Place of Business:**16350 BRUCE D. DOWNS BLVD, #48693
TAMPA, FL 33647**Current Mailing Address:**16350 BRUCE D. DOWNS BLVD, #48693
TAMPA, FL 33647**FEI Number:** 47-5564612**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KOMMA, NARENDER
6223 ENGLISH HOLLOW RD
TAMPA, FL 33647 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:** NARENDER KOMMA

09/24/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	TALLA, CHANDRASHEKHAR
Address	10213 DEERCLIFF DRIVE
City-State-Zip:	TAMPA FL 33647

Title	D
Name	KOMMA, NAREN
Address	6223 ENGLISH HOLLOW RD
City-State-Zip:	TAMPA FL 33647

Title	D
Name	DONTINENI, SRINIVAS
Address	3358 LAMANGA DR
City-State-Zip:	MELBOURNE FL 32940

Title	DIRECTOR
Name	KARPURAM, BABU
Address	11852 SW 103 LANE
City-State-Zip:	MIAMI FL 33186

Title	DIRECTOR
Name	BANDHARAM, ANIL
Address	8013 CYPRESS CROSSING COURT
City-State-Zip:	TAMPA FL 33647

Title	DIRECTOR
Name	ENAGANTY, LAXMI
Address	10614 CORYLAKE DR
City-State-Zip:	TAMPA FL 33647

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: CHANDRASHEKHAR G TALLA**DIRECTOR**

09/24/2019

Electronic Signature of Signing Officer/Director Detail

Date