

2021 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:**NAREN, KOMMA
16331 COMPTON PALMS DR
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:** NAREN KOMMA

05/01/2021

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 NAREN, KOMMA
Address 16331 COMPTON PALMS DR
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, MOHIT
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

Title DIRECTOR
Name GADDAM, SRINIVAS
Address 15211 CAPRI ISLE LN
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: NAREN KOMMA

D

05/01/2021

Electronic Signature of Signing Officer/Director Detail

Date