

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **764627** (6)

1. Corporation Name

**INDIA ASSOCIATION OF GREATER ORLANDO, INC.**



Principal Place of Business

SUITE #2  
7600 DR. PHILLIPS BLVD.  
ORLANDO FL 32836  
US

Mailing Address

P O BOX 710  
WINDERMERE FL 34706  
US

3. Date Incorporated or Qualified  
**08/19/1982**

3a. Date of Last Report  
**06/05/1995**

2. Principal Place of Business

2a. Mailing Address

21 **3815 OCITA DR.**

26 **3815 OCITA DR**

4. FEI Number  
**59-3168869**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

City & State

City & State

23 **ORLANDO, FL.**

28 **ORLANDO, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

Zip

Country

Zip

Country

24 **32837**

25 **U.S.A.**

29 **32837**

30 **U.S.A.**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAHL, YUGAL K  
1893 CROWLEY CIR E  
LONGWOOD FL 32779

81 Name **RAJINDER S. KANWAR (LAST NAME)**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3815 OCITA DRIVE**  
83  
84 City **ORLANDO** FL 85 Zip Code **32837**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Rajinder S. Kanwar*

**4/22/96**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BAHL, YUGAL K	
STREET ADDRESS	1893 CROWLEY CIR E	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SANJAY, ADMAU R	
STREET ADDRESS	304 BERWICK COURT	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	NEELA, SHAM	
STREET ADDRESS	9536 CASTLE FORD DR.	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SHARMA, SUSHAMA	
STREET ADDRESS	7855 ALEGRE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GOPAL (TRUSTEE)	
STREET ADDRESS	BASISHT, GOPAC DR	
CITY-ST-ZIP	1751 LAKE BERRY DR. WINTER PARK FL 32789	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SHAH, KAMLESH (TRUSTEE)	
STREET ADDRESS	9536 CASTLEFORD POINT	
CITY-ST-ZIP	ORLANDO FL 32836	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KANWAR, RAJINDER S.	
1.3 STREET ADDRESS	3815 OCITA DRIVE	
1.4 CITY-ST-ZIP	ORLANDO, FL 32837	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SUBBIAH, R	
2.3 STREET ADDRESS	3932 LAKE MIRAGE BLVD.	
2.4 CITY-ST-ZIP	ORLANDO FL. 32817	
3.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KOTWAL, SHYAM	
3.3 STREET ADDRESS	57 LAS BRISAS WAY	
3.4 CITY-ST-ZIP	KISSIMMEE FL 34743	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SHARMA, KANIKA	
4.3 STREET ADDRESS	12302 BRAXTED DRIVE	
4.4 CITY-ST-ZIP	ORLANDO, FL 32837	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Rajinder S. Kanwar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/96 (407)240-9901**  
Date Daytime Phone #

CR2E037 (12/95)