

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003675

Entity Name: SWARALAYA OF TAMPA, INC

FILED
Jan 24, 2009
Secretary of State

Current Principal Place of Business:

530 AUSTIN DR
TARPON SPRINGS, FL 34688

New Principal Place of Business:

Current Mailing Address:

530 AUSTIN DR
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 56-2582744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAMAN, SAHASRA M.D.
530 AUSTIN DR
TARPON SPRINGS, FL 34688 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: DP () Delete
Name: GNANASHANMUGAM, CHINNIA
Address: 121 GRAHAM ST W
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: DV () Delete
Name: NAMAN, SAHASRA
Address: 530 AUSTIN DR
City-St-Zip: TARPON SPRINGS, FL 34688

Title: DT () Delete
Name: NARAYANAN, RAVI
Address: 530 AUSTIN DR
City-St-Zip: TARPON SPRINGS, FL 34688

Title: ST () Delete
Name: SRINIVASAN, VENUGOPAL
Address: 2845 JARVIS CIRCLE
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: SAMPATH, MALLUR C
Address: 2769 TREASURER CAY LANE
City-St-Zip: SEBRING, FL 33875 47

Title: D () Delete
Name: LAKSHMINARASIMHAN, SUBRAMANIAN N
Address: 18076 ARBOR CREST DR
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: GNANASHANMUGAM, CHINNIA
Address: 121 GRAHAM ST W
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: DR (X) Change () Addition
Name: NAMAN, SAHASRA
Address: 530 AUSTIN DR
City-St-Zip: TARPON SPRINGS, FL 34688

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHINNIA GNANASHANMUGAM

DR.

01/24/2009

Electronic Signature of Signing Officer or Director

Date