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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003275

1. Corporation Name

INDIAN ASSOCIATION OF POLK COUNTY, INC.

Principal Place of Business

6071 CASON WAY
LAKELAND FL 33813
US

Mailing Address

P.O. BOX 7181
LAKELAND FL 33801
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/05/1995

4. FEI Number

59-3327187

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PATEL, SHALESH K
6071 CASON WAY
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME SHAILESH, K.
STREET ADDRESS 6071 CASON WAY
CITY-ST-ZIP LAKELAND FL 33813

☐ DELETE

TITLE S
NAME PATEL, RAJENDRA P
STREET ADDRESS 2241 MALACHITE DRIVE
CITY-ST-ZIP LAKELAND FL 33810

☒ DELETE

TITLE T
NAME PATEL, ROHIT D.
STREET ADDRESS 3520 CLEVELAND HTS BLVD
CITY-ST-ZIP LAKELAND FL 33803

☐ DELETE

TITLE T
NAME PATEL, NAVINBHAI U
STREET ADDRESS 4703 KIMBALL CT WEST
CITY-ST-ZIP LAKELAND FL

☐ DELETE

TITLE T
NAME PATEL, ASHWIN H
STREET ADDRESS 744 SCOTT LAKE VILLAGE N
CITY-ST-ZIP LAKELAND FL

☒ DELETE

TITLE T
NAME PATEL, KAMAL R
STREET ADDRESS 5435 HIGHLANDS VISTA CR
CITY-ST-ZIP LAKELAND FL

☒ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

S ARVIND N. SHAH
212, 24th COURT SW
WINTER HAVEN FL 33880

☐ Change

☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

T C.N. PATEL
4723 HIGHLANDS PLACE DR
LAKELAND FL 33813

☐ Change

☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

VP KAMLESH C. PATEL
5240 MARTINIQUE DRIVE
LAKELAND FL 33813

☐ Change

☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED *[Signature]*

Date

3/29/99 946473368

Daytime Phone #

CR2E037 (1/98)