

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90050 008 ****70.00

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1. Entity Name
TELUGU ASSOCIATION OF SOUTH FLORIDA, INC.



Principal Place of Business
**15726 SW 17 ST
DAVIE, FL 33326**

Mailing Address
**15726 SW 17 ST
DAVIE, FL 33326**

40052865



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

04022007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0831624

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KALJDHINDI, SANTI
15726 SW 17 ST.
DAVIE, FL 33326**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	VOLETI, CHAKRADHAR	
STREET ADDRESS	9070 DUPONT PL	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ORUGANTI, PRASAD	
STREET ADDRESS	2300 GIRALDA CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	JS	<input checked="" type="checkbox"/> Delete
NAME	KANTHAMNENI, PRASAD	
STREET ADDRESS	2135 SPRING HARBOUR DR., #G	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	T	<input type="checkbox"/> Delete
NAME	POLAVARAPU, JAYARAM	
STREET ADDRESS	4200 NW 26 AVE	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	T	<input type="checkbox"/> Delete
NAME	YALAMANCHI, BOSE	
STREET ADDRESS	5232 LEITNER DR	
CITY-ST-ZIP	POMPANO BEACH, FL 33067	
TITLE	T	<input type="checkbox"/> Delete
NAME	PRASAD, U.S.	
STREET ADDRESS	121 PUFFIN CT	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VEERAMACHANENI, PUSHYAMITRA	
STREET ADDRESS	9435 SW 140 CT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **v. Pushyamitra VEERAMACHANENI PUSHYAMITRA** 4/2/07 305 388 8045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #