

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000004873

**Entity Name:** TAMPABAY MALAYALEE ASSOCIATION INC.

**Current Principal Place of Business:**

8518 CREEDMOOR LANE  
NEW PORT RICHEY, FL 34654

**Current Mailing Address:**

8518 CREEDMOOR LANE  
NEW PORT RICHEY, FL 34654 US

**FEI Number:** 45-5275291

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CPA TAX ACCOUNTING INC  
12415 SPANISH MOSS DRIVE  
BAYONET POINT, FL 34667 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DEVASIA, BABU  
Address        8518 CREEDMOOR LN  
City-State-Zip: NEW PORT RICHEY FL 34654

Title            VICE PRESIDENT  
Name            SEBASTIAN, SAJI  
Address        2110 EDELWEISS LOOP  
City-State-Zip: TRINITY FL 34655

Title            PESIDENT ELECT  
Name            ANTHONY, JOHN  
Address        2256 LONG SPUR  
City-State-Zip: ODESSA FL 33556

Title            SECRETARY  
Name            SUKUMARAN, DEEPAK  
Address        18803 CHERRY BIRCH CIRCLE  
City-State-Zip: LUTZ FL 33558

Title            JOINT SECRETARY  
Name            PARADAYIL, SIJO  
Address        2806 DUDLEY AVE  
City-State-Zip: ODESSA FL 33556

Title            TREASURER  
Name            JOSEPH, SONU  
Address        3139 WINGLE WOOD CIR  
City-State-Zip: LUTZ FL 33558

Title            JOINT TREASURER  
Name            MATHEW, CIJO  
Address        8506 CREEDMOOR LANE  
City-State-Zip: NEW PORT RICHEY FL 34654

*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:** CIJO MATHEW

**JOINT TREASURER**

**02/15/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date