

**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 # **N38262** (4)

1. Corporation Name

**N.Y.C. DEPARTMENT OF SANITATION RETIREES & ASSOCIATES OF WEST FLORIDA, INC.**



Principal Place of Business

Mailing Address

4915 MILE STRETCH  
HOLIDAY FL 34690  
US

4915 MILE STRETCH  
HOLIDAY FL 34690  
US

3. Date Incorporated or Qualified  
**05/22/1990**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
**58-1900885**

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

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

**DENBO, RICHARD B  
4915 MILE STRETCH DRIVE  
HOLIDAY FL 34690**

81 Name **ROBERT CONNOLLY**

82 Street Address (P.O. Box Number is Not Acceptable)  
**8228 Phanebuoy Rd.**

83

84 City **Spring Hill** **FL** 85 Zip Code **34606**

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 officer 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 **Robert Connolly Treasurer**

*Robert Connolly*

**3/13/1996**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WALTER, CHARLES</b>	
STREET ADDRESS	<b>13037 EVERDARD DR.</b>	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STRAMIELLO, ANTHONY</b>	
STREET ADDRESS	<b>2515 MEADOWOOD DR.</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HAMM, WILLIAM</b>	
STREET ADDRESS	<b>7227 ANHINGA CT.</b>	
CITY-ST-ZIP	<b>SPRING HI</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WHELAN, JERRY</b>	
STREET ADDRESS	<b>3234 TUCKAHOE PL.</b>	
CITY-ST-ZIP	<b>HOLIDAY FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PASSARETTI AL</b>	
STREET ADDRESS	<b>9821 ISLAND HARBOR DR.</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FAZIO, SAL</b>	
STREET ADDRESS	<b>1327 CABLE DR.</b>	
CITY-ST-ZIP	<b>HOLIDAY FL</b>	

11 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>SIMON, DONALD</b>	
13 STREET ADDRESS	<b>12911 BOX DRIVE</b>	
14 CITY-ST-ZIP	<b>HUDSON, FL. 34667</b>	
21 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>DeSena, Frank</b>	
23 STREET ADDRESS	<b>5131 PLUMOSA COURT</b>	
24 CITY-ST-ZIP	<b>SPRING HILL, FL. 34607</b>	
31 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>CONNOLLY ROBERT</b>	
33 STREET ADDRESS	<b>8228 PHANEBOUY ROAD</b>	
34 CITY-ST-ZIP	<b>SPRING HILL, FL. 34606</b>	
41 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>JAMIA, JOSEPH</b>	
43 STREET ADDRESS	<b>7739 HECFOR STREET</b>	
44 CITY-ST-ZIP	<b>HUDSON, FL. 34667</b>	
51 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>MENNA, ANTHONY</b>	
53 STREET ADDRESS	<b>8104 POSE PETAL COURT</b>	
54 CITY-ST-ZIP	<b>PORT RICHEY, FL. 34608</b>	
61 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>STRAMIELLO, ANTHONY</b>	
63 STREET ADDRESS	<b>2515 Meadowood Drive</b>	
64 CITY-ST-ZIP	<b>NEW PORT RICHEY, FL. 34655</b>	

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: **ROBERT CONNOLLY TREASURER**

*Robert Connolly*

**3/13/1996**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

**352-597-3451**

CR2E037 (12/95)