

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38262

FILED  
Mar 25, 2005  
Secretary of State

Entity Name: N.Y.C. DEPARTMENT OF SANITATION RETIREES & ASSOCIATES OF WEST FLORIDA, INC.

**Current Principal Place of Business:**

PO BOX 5317  
SPRING HILL, FL 34611 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5317  
SPRING HILL, FL 346115317

**New Mailing Address:**

FEI Number: 58-1900885      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CONNOLLY, ROBERT  
8228 RHANBUOY RD.  
SPRING HILL, FL 34606 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: D ( ) Delete  
Name: SIMON, DONALD  
Address: 18151 WEBSTER GROVE DR.  
City-St-Zip: HUDSON, FL 34667 US

Title: D ( ) Delete  
Name: WALTER, CHARLES  
Address: 13027 EVERDO DRIVE  
City-St-Zip: BROOKSVILLE, FL 34609

Title: D ( ) Delete  
Name: CONNOLLY, ROBERT  
Address: 8228 RHANBUOY ROAD  
City-St-Zip: SPRING HILL, FL

Title: T ( ) Delete  
Name: HAMM, WILLIAM  
Address: 7371 BOTANICAL DR  
City-St-Zip: SPRING HILL, FL 34607

Title: T ( ) Delete  
Name: MENNA, ANTHONY  
Address: 8104 ROSE PETAL COURT  
City-St-Zip: PORT RICHEY, FL

Title: T ( ) Delete  
Name: STRAMIELLO, ANTHONY  
Address: 2515 MEADOWOOD DRIVE  
City-St-Zip: NEW PORT RICHEY, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:

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 for the exemption stated in Section 119.07(3)(i), 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: ROBERT CONNOLLY

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TREA

03/25/2005

\_\_\_\_\_  
Date