


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N38262	
1. Entity Name N.Y.C. DEPARTMENT OF SANITATION RETIREES & ASSOCIATES OF WEST FLORIDA, INC.	

Principal Place of Business PO BOX 5317 SPRING HILL, FL 34611 US	Mailing Address P.O. BOX 5317 SPRING HILL, FL 34611-5317
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01122007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1900885	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONNOLLY, ROBERT
8228 RHANBUOY RD.
SPRING HILL, FL 34606

**DO NOT WRITE
IN THIS SPACE**

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 *Robert Connolly* DATE *1-12-07*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when re-instating) 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

1100000589812
01/18/07-80091-009 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIMON, DONALD 18151 WEBSTER GROVE DR. HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALTER, CHARLES 13027 EVERDO DRIVE BROOKSVILLE, FL 34609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONNOLLY, ROBERT 8228 RHANBUOY ROAD SPRING HILL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HAMM, WILLIAM 7371 BOTANICAL DR SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MENNA, ANTHONY 8104 ROSE PETAL COURT PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STRAMIELLO, ANTHONY 2515 MEADOWOOD DRIVE NEW PORT RICHEY, FL

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IN THIS SPACE**

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 empowers.

SIGNATURE *Robert Connolly* *1/12/07*