

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38262

FILED
Jan 18, 2012
Secretary of State

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

Current Principal Place of Business:

5135 CARISSA CT
SPRING HILL, FL 34606 US

New Principal Place of Business:

Current Mailing Address:

5135 CARISSA CT
SPRING HILL, FL 34606 US

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:

DEGAETANO, GARY R
5135 CARISSA CT
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
Name: HAMM, WILLIAM
Address: 7371 BOTANICAL DRIVE
City-St-Zip: SPRING HILL, FL 34607 US

Title: D
Name: STROM, RICHARD
Address: 13943 TALMAGE LOOP
City-St-Zip: HUDSON, FL 34667 US

Title: D
Name: CONNOLLY, ROBERT
Address: 8228 RHANBUOY ROAD
City-St-Zip: SPRING HILL, FL 34606 US

Title: T
Name: D'AMBROSIA, LEONARD
Address: 8055 BELLEVISTA CT.
City-St-Zip: SPRING HILL, FL 34606 US

Title: T
Name: MENNA, ANTHONY
Address: 8104 ROSE PETAL COURT
City-St-Zip: PORT RICHEY, FL 34668

Title: T
Name: CAZZALINO, JOSEPH
Address: 13541 WOODSIDE DRIVE
City-St-Zip: BAYONET POINT, FL 34667 US

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: GARY R. DEGAETANO

TREA

01/18/2012

Electronic Signature of Signing Officer or Director

_____ Date