## 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38262

Entity Name: N.Y.C. DEPARTMENT OF SANITATION RETIREES &

ASSÓCIATES OF WEST FLORIDA, INC.

**Current Principal Place of Business:** 

5135 CARISSA CT SPRING HILL, FL 34606

**Current Mailing Address:** 

5135 CARISSA CT

SPRING HILL, FL 34606 US

FEI Number: 58-1900885 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEGAETANO, GARY R 5135 CARISSA CT SPRING HILL, FL 34606 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.

Titlo

 $\Box$ 

SIGNATURE:

Titlo

Electronic Signature of Registered Agent

Date

FILED Feb 02, 2013

**Secretary of State** 

CC4593332478

## Officer/Director Detail:

THIC		THO	5
Name	HAMM, WILLIAM	Name	STROM, RICHARD

Address 7371 BOTANICAL DRIVE Address 13943 TALMAGE LOOP
City-State-Zip: SPRING HILL FL 34607 City-State-Zip: HUDSON FL 34667

Title D Title T

NameCONNOLLY, ROBERTNameD'AMBROSIA, LEONARDAddress8228 RHANBUOY ROADAddress8055 BELLEVISTA CT.City-State-Zip:SPRING HILL FL 34606City-State-Zip:SPRING HILL FL 34606

Title T Title T

NameMENNA, ANTHONYNameCAZZALINO, JOSEPHAddress8104 ROSE PETAL COURTAddress13541 WOODSIDE DRIVECity-State-Zip:PORT RICHEY FL 34668City-State-Zip:BAYONET POINT FL 34667

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: WILLIAM HAMM

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

02/02/2013