

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38262

**FILED**  
**Jan 18, 2016**  
**Secretary of State**  
**CC944154222**

**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

**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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name HAMM, WILLIAM  
Address 7371 BOTANICAL DRIVE  
City-State-Zip: SPRING HILL FL 34607

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

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

Title T  
Name CAZZALINO, JOSEPH  
Address 13541 WOODSIDE DRIVE  
City-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**

**PRESIDENT**

**01/18/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date