

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38262

FILED
Jan 09, 2004
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: 12911 BOX DRIVE
City-St-Zip: HUDSON, FL**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:** D (X) Change () Addition
Name: SIMON, DONALD
Address: 18151 WEBSTER GROVE DR.
City-St-Zip: HUDSON, FL 34667 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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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

TREA

01/09/2004

Electronic Signature of Signing Officer or Director

Date