

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

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

FILED

Jan 17, 2007 08:00 AM
Secretary of State

(N 3 8 2 6 2 = = = = = N)

01122007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
58-1900885

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agents signature required when re-instating)

DATE

1-12-07

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 D
NAME SIMON, DONALD
STREET ADDRESS 18151 WEBSTER GROVE DR.
CITY - ST - ZIP HUDSON, FL 34667

TITLE D
NAME WALTER, CHARLES
STREET ADDRESS 13027 EVERDO DRIVE
CITY - ST - ZIP BROOKSVILLE, FL 34609

TITLE D
NAME CONNOLLY, ROBERT
STREET ADDRESS 8228 RHANBUOY ROAD
CITY - ST - ZIP SPRING HILL, FL

TITLE T
NAME HAMM, WILLIAM
STREET ADDRESS 7371 BOTANICAL DR
CITY - ST - ZIP SPRING HILL, FL 34607

TITLE T
NAME MENNA, ANTHONY
STREET ADDRESS 8104 ROSE PETAL COURT
CITY - ST - ZIP PORT RICHEY, FL

TITLE T
NAME STRAMIELLO, ANTHONY
STREET ADDRESS 2515 MEADOWOOD DRIVE
CITY - ST - ZIP NEW PORT RICHEY, FL

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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 empowered.

SIGNATURE

Robert Connolly

1/12/07