## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

N94000001468 (7)

DOCUMENT #	N94000001468	(7
TENNER NEIGHBOR	HOOD WATCH INC.	

ILOULII	MEIGHBOHHOOD WATO	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Principal Place of	of Business	Mailing Address		E SARANDI DIN ININ URBII DUNI I DONE U	fill dærti 80tde Hidre Eraso Allbi eart iggr
4700 NE 1ST T POMPANO BEA		4700 NE 1ST TER POMPANO BEACH FL 330	64		
				3. Date Incorporated or Qualified 03/24/1994	3a. Date of Last Report 05/01/1995
2. Principal Place	ce of Business	2a. Mailing Address		4. FEI Number 65-0475877	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
<b>23</b>	Country	Zip	Country	8. This corporation has liability for in	tangible tax under s. 199.032,
24	25		30	Florida Statutes  10. Name and Address of New Re	Yes No
•	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New He	State of Agent
	1ST TER O BEACH FL 33064		83 84 City	ress (P.O. Box Number is Not Acceptable	FL 85 Zip Code
or registere familiar wit	ed agent, or both, in the State of Flo h, and accept the obligations of, Sec	rida. Such change was autrorized ction 617.0503, Florida Statutes.	by the corporation's ook	oration submits this statement for the purp ard of directors. I hereby accept the appo	oose of changing its registered office intment as registered agent. I am
	Signature, typed or printed name of registered age	ent and title if applicable INOTE  ND DIRECTORS	Registered Agent signature require 13.	ADDITIONS/CHANGES TO OF FI	
12.		DELETE	11 THLE		Change Addition
NAME	VD ALVAREZ, EDWARD	<b>L</b>	1.2 NAME		
STREET ADDRESS	4700 NE 1ST TER		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY - ST - ZIP		
TITLE	SD	DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	ALVAREZ, GINGER		2.2 NAME		
STREET ADDRESS	4700 NE 1ST TER		2 3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 3306	4	2 4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE	PD	☐ DELÉTÉ	3.1 TITLE		
NAME	HUNT, BOB		3.2 NAME		
STREET ADORESS	250 NE 41 ST		3 3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL	DELETE	3 4. CITY - ST - ZIP 4 1 TITLE		☐ Change ☐ Addition
THTLE	D D	[] DECEM	4. 2 NAME		
NAME STREET ADDRESS	HUNT, LINDA 250 NE 41 ST		4.3 STREET ADDRESS		
	POMPANO BEACH FL		4.4 CiTY - ST - ZiP		
CITY-ST-ZIP TITLE	STD	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BAGNAL, KELLEY		5.2 NAME		
STREET ADDRESS	4440 NE 2ND AVE		5 3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		5.4 CITY-ST-ZIP		
TITLE	AMILIA SELIVITE	DELET <b>E</b>	6 1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CiTY-ST-ZIP			6 4 CITY-ST-ZIP	72	07/3/8/ Florida Statutas I further
certify that oath: that		nnual report or supplemental annu rporation or the receiver or trustee	empowered to execute :	y for the exemption stated in Section 119 urate and that my signature shall have the this report as required by Chapter 617, FI	
SIGNAT	TURE: Kaluty	O OR PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR	Date	Daytime Phone #