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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # N96000000907 (3)

1. Corporation Name

NORTH WEST POMPANO NEIGHBORHOOD WATCH INC.

Principal Place of Business	Mailing Address
3907 N FEDERAL HIGHWAY DEPT. 123 POMPANO BEACH FL 33064	3907 N FEDERAL HIGHWAY DEPT. 123 POMPANO BEACH FL 33064

3. Date Incorporated or Qualified: 02/19/1996

4. FEI Number: 65-0649073 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 3701 NW 4th Ave	26 551 NW 43rd St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Pompano Beach, FL	City & State 28 Pompano Beach, FL
Zip 24 33064 Country 25 USA	Zip 29 33064 Country 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PITTMAN, MARY C 4020 NW 3RD WAY POMPANO BEACH FL 33064	81 Name: Robert Potter 82 Street Address (P.O. Box Number is Not Acceptable): 3701 NW 4th Ave. 83 84 City: Pompano Beach FL 85 Zip Code: 33064

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: X Robert Potter — 3/11/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HUFFMAN, CAROLYN		1.2 NAME		
STREET ADDRESS	551 NW 43RD ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	JOSEPH DE CHRISTINA		2.2 NAME	Lori J. Rodrigues	
STREET ADDRESS	4491 NW 1ST TERRACE		2.3 STREET ADDRESS	4000 NW 3rd Terr.	
CITY-ST-ZIP	POMPANO BEACH FL		2.4 CITY-ST-ZIP	Pompano Beach FL 33064	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PATRICIA HUFFMAN		3.2 NAME		
STREET ADDRESS	551 NW 43RD ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		3.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	DEANNA JEWET		4.2 NAME	Robert Potter	
STREET ADDRESS	513 NW 43RD PLACE		4.3 STREET ADDRESS	3701 NW 4th Ave.	
CITY-ST-ZIP	POMPANO BEACH FL		4.4 CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Robert Potter — 3/11/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #