

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90005 025 \*\*\*\*61.25

**DOCUMENT # N96000000907**

**1. Entity Name**  
**NORTH WEST POMPANO NEIGHBORHOOD WATCH INC.**



**Principal Place of Business**  
**4000 NW 4TH AVE**  
**POMPANO BEACH, FL 33064 US**

**Mailing Address**  
**4000 NW 4TH AVE**  
**POMPANO BEACH, FL 33064 US**



06242004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**65-0649073**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**POTTER, ROBERT**  
**3701 NW 4TH AVE**  
**POMPANO BEACH, FL 33064**

**DO NOT WRITE  
IN THIS SPACE**

**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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b>
<b>NAME</b>	<b>ANDRUS, DEBBIE</b>
<b>STREET ADDRESS</b>	<b>4000 N.W 4 AVE</b>
<b>CITY-ST-ZIP</b>	<b>POMPANO BEACH, FL 33064</b>
<b>TITLE</b>	<b>VD</b>
<b>NAME</b>	<b>ANDRUS, VERN</b>
<b>STREET ADDRESS</b>	<b>4000 NW 4 AVE</b>
<b>CITY-ST-ZIP</b>	<b>POMPANO BEACH, FL 33064</b>
<b>TITLE</b>	<b>SD</b>
<b>NAME</b>	<b>HOFFMAN, MARK</b>
<b>STREET ADDRESS</b>	<b>350 N W 37TH STREET</b>
<b>CITY-ST-ZIP</b>	<b>POMPANO BEACH, FL 33064</b>
<b>TITLE</b>	<b>TD</b>
<b>NAME</b>	<b>HOFFMAN, MARK</b>
<b>STREET ADDRESS</b>	<b>350 NW 37TH STREET</b>
<b>CITY-ST-ZIP</b>	<b>POMPANO BEACH, FL 33064</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**12. 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 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**

*Deborah L. Andrus*  
**Deborah L. Andrus**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-20-04**

Date

**954-7847751**

Daytime Phone #