


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N96000000907</b>		
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
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  POTTER, ROBERT 3701 NW 4TH AVE POMPANO BEACH, FL 33064
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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 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDRUS, DEBBIE 4000 N.W 4 AVE POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDRUS, VERN 4000 NW 4 AVE POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOFFMAN, MARK 350 N W 37TH STREET POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOFFMAN, MARK 350 NW 37TH STREET POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 7-1-05 954 784 7751  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**

05 AUG -8 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06282005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0649073	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

*Handwritten initials and date*

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08/08/05--01005--016 \*\*\$61.25