

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2003 8:00 am
Secretary of State

08-22-2003 90104 009 *****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0649073**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 *Debbie Andrus* **Debbie Andrus**

8-15-03

954-784-7751

CR2E037 (10/02)