


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 28, 2006 8:00 am
Secretary of State

06-28-2006 90001 030 ****61.25

DOCUMENT # N03000007430 1. Entity Name PROTECT OUR NEIGHBORHOODS, INC.	
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Principal Place of Business PO BOX 1169 ISLAMORADA, FL 33036	Mailing Address PO BOX 1169 ISLAMORADA, FL 33036
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DO NOT WRITE IN THIS SPACE



05042006 No Chg-NP CR2E037 (4/06)

4. FEI Number 74-3110169	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAUSEY, MARBY
200 AVOCADO ST
ISLAMORADA, FL 33036

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURLEY, JAMES D 173 OJIBWAY AVE TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAUSEY, MARBY P.O. BOX 1169 ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELLMUTH, RICH CAPT 211 MOHAWK ST TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIGHTMAN, EDDIE CAPT 15 SOUTH DRIVE ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTHET, PATRICK 200 S BISCAYNE BLVD, STE 1800 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Marby Causey MARBY CAUSEY May 17, 2006 305-664-9779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #