

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Sep 16, 1999 8:00 am**  
**Secretary of State**

09-16-1999 90011 039 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N20236**

1. Corporation Name

**COMMUNITIES AGAINST RUNWAY EXPANSION, INC.**

Principal Place of Business

% SUSIE CLERMONT  
4520 S.W. 30TH WAY  
FT. LAUDERDALE FL 33312

Mailing Address

% SUSIE CLERMONT  
4520 S.W. 30TH WAY  
FT. LAUDERDALE FL 33312



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

04/21/1987

22 City & State

27 City & State

4. FEI Number  
65-0002011

Applied For  
Not Applicable

23 Zip Country

28 Zip Country

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

24 25

29 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLERMONT, SUSIE  
4520 S.W. 30TH WAY  
FT. LAUDERDALE FL

81 Name

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

83

84 City

FL

85 Zip Code

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

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 D  
NAME FIELD, JAY  
STREET ADDRESS 4501 S.W. 30TH WAY  
CITY-ST-ZIP FT. LAUDERDALE FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME HEINRITZ, BEV  
STREET ADDRESS 4520 S.W. 24TH COURT  
CITY-ST-ZIP FT. LAUDERDALE FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME MORDES, JERRY  
STREET ADDRESS 4846 S.W. 26 TERR.  
CITY-ST-ZIP FT. LAUDERDALE FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME WINTERS, ANN  
STREET ADDRESS 4531 SW 25TH TERR  
CITY-ST-ZIP FT. LAUDERDALE FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/99 9849626335

Daytime Phone #

CR2E037 (5/99)