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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortherm
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 24 PM 12:37

DOCUMENT # N93000003959 (4)

1. Corporation Name

COUNCIL OF VILLAGES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2000 GLADES ROAD SUITE 400 BOCA RATON FL 33431	Mailing Address 2000 GLADES ROAD SUITE 400 BOCA RATON FL 33431
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3. Date Incorporated or Qualified 08/30/1993	3a. Date of Last Report 08/22/1994
4. FEI Number 65-0465984	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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9. Name and Address of Current Registered Agent

HRAWG CORP.
2000 GLADES ROAD
SUITE 400
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WEITZ, ALAN 6058 N.W. 24TH TERRACE BOCA RATON FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DEV STRAUS, ARNOLD 2189 N.W. 59TH STREET BOCA RATON FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT DOMAGALA, THOMAS 2199 N.W. 59TH STREET BOCA RATON FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BASKIES, JEFFREY 6645 N.W. 25TH WAY BOCA RATON FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLUM, BARRY 6364 N.W. 25TH WAY BOCA RATON FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HANOR, DICK 2507 N.W. 59TH STREET BOCA RATON FL 33496

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	DP DOMAGALA, THOMAS 2199 N.W. 59TH STREET BOCA RATON, FL 33496 ¹³³ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	DEV HANOR, DICK 2507 N.W. 59TH STREET BOCA RATON, FL 33496 ¹³⁴ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	DT BASKIES, JEFFREY 6645 N.W. 25TH WAY BOCA RATON, FL 33496 ¹³¹ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	DS BLUM, BARRY 6364 N.W. 25TH WAY BOCA RATON, FL 33496 ¹³⁰ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	D MORI A. SCHWEITZER 2253 N.W. 62ND DRIVE BOCA RATON, FL 33496 ¹³¹ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	D WILLIAM LEHRBURGER 5360 N.W. 23RD WAY BOCA RATON, FL 33496 ¹³² <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeffrey A. Baskies
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JEFFREY A. BASKIES

Feb 11, 1995 705-527-6210
(Date) (Phone #)