

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1999.
AMOUNT DUE ON OR BEFORE 6/30/95: \$100 (IF DISSOLVED, ADDITIONAL AMOUNT DUE TO REINSTATE: \$200)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUN 28 AM 10:16

DOCUMENT # N93000003959 (4)

1. Corporation Name
COUNCIL OF VILLAGES, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business		Mailing Address		DO NOT WRITE IN THIS SPACE	
2000 GLADES ROAD SUITE 400 BOCA RATON FL 33431		2000 GLADES ROAD SUITE 400 BOCA RATON FL 33431		3. Date Incorporated or Qualified 08/30/1993	3a. Date of Last Report 08/22/1994
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0465984	Applied For Not Applicable
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Zip	28	Zip	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/> FILING FEE IS \$61.25
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HRAWG CORP. 2000 GLADES ROAD SUITE 400 BOCA RATON FL 33431				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	600001526406 -06/29/95--01009--021		
				84	City *****155.0PL *****1995:00		

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D/VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEITZ, ALAN	1.2 NAME	Pearlstein, Jules
STREET ADDRESS	6058 N.W. 24TH TERRACE	1.3 STREET ADDRESS	2605 NW 63rd Street
CITY - ST - ZIP	BOCA RATON FL 33496	1.4 CITY - ST - ZIP	Boca Raton, FL 33496
TITLE	DEV	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRAUS, ARNOLD	2.2 NAME	Lehrburger, William "Bill"
STREET ADDRESS	2189 N.W. 59TH STREET	2.3 STREET ADDRESS	5350 NW 23rd Way
CITY - ST - ZIP	BOCA RATON FL 33496	2.4 CITY - ST - ZIP	Boca Raton, FL 33496
TITLE	DT	3.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMAGALA, THOMAS	3.2 NAME	
STREET ADDRESS	2199 N.W. 59TH STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33496	3.4 CITY - ST - ZIP	
TITLE	DS	4.1 TITLE	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASKIES, JEFFREY	4.2 NAME	
STREET ADDRESS	6645 N.W. 25TH WAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33496	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUM, BARRY	5.2 NAME	
STREET ADDRESS	6384 N.W. 25TH WAY	5.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33496	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	D/VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANOR, DICK	6.2 NAME	
STREET ADDRESS	2507 N.W. 59TH STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33496	6.4 CITY - ST - ZIP	

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)(b), 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 in an attachment with an address.

SIGNATURE: Thomas Domagala President Date: 6/19/95 Daytime Phone #: 394-0500

CR2E037 (3/95)

N93-3959

D
Schweitzer, Mori Aaron
2253 NW 62nd Drive
Boca Raton, Florida 33496