

FILE NOW: FILING FEE IS \$61.25

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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003959 (4)
1. Corporation Name
COUNCIL OF VILLAGES, INC.



Principal Place of Business 2000 GLADES ROAD SUITE 400 BOCA RATON FL 33431	Mailing Address 2000 GLADES ROAD SUITE 400 BOCA RATON FL 33431-8599
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/30/1993		3a. Date of Last Report 03/16/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0465984		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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			
				84	City	FL	85

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	DVP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARLSTEIN, JULES	1.2 NAME	
STREET ADDRESS	2605 NW 63RD ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEHRBURGER, WILLIAM "BILL"	2.2 NAME	
STREET ADDRESS	5350 NW 23RD WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	2.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input 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	DT <input type="checkbox"/> DELETE	4.1 TITLE	D <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	DS <input type="checkbox"/> DELETE	5.1 TITLE	Ast. S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUM, BARRY	5.2 NAME	
STREET ADDRESS	6364 N.W. 25TH WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	5.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	6.1 TITLE	<input 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 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 the name of 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, unchanged, or as an attachment with an address.

SIGNATURE: *Thomas Domagala* Thomas Domagala, Pres. **March 6, 1997** 561 5' 10" 241-0256

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NAME

TITLE

ADDRESS

Mori A. Schweitzer

DT

2253 NW 62nd Drive
Boca Raton, FL 33496