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Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N93000003959 (4)

1. Corporation Name
COUNCIL OF VILLAGES, INC.



Principal Place of Business Mailing Address

2000 GLADES ROAD 2000 GLADES ROAD
SUITE 400 SUITE 400
BOCA RATON FL 33431 BOCA RATON FL 33431

3. Date Incorporated or Qualified
08/30/1993

4. FEI Number
65-0465984

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

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

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City 85 Zip Code

FL

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 Thomas Domagala Thomas Domagala 1/16/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS

TITLE	DVP INE	<input type="checkbox"/> DELETE
NAME	PEARLSTEIN, JULES	
STREET ADDRESS	2605 NW 63RD ST	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	LEHRBURGER, WILLIAM "BILL"	
STREET ADDRESS	5350 NW 23RD WAY	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	DOMAGALA, THOMAS	
STREET ADDRESS	2199 N.W. 59TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BASKIES, JEFFREY	
STREET ADDRESS	6645 N.W. 25TH WAY	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BLUM, BARRY	
STREET ADDRESS	6364 N.W. 25TH WAY	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	HANOR, DICK	
STREET ADDRESS	2507 N.W. 59TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33496	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Schweitzer, Mori Aaron	
1.3 STREET ADDRESS	2253 N.W. 62nd Drive	
1.4 CITY-ST-ZIP	Boca Raton, FL 33496	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	D	
2.2 NAME	Segal, David	
2.3 STREET ADDRESS	2443 N.W. 61st Diagonal	
2.4 CITY-ST-ZIP	Boca Raton, FL 33496-3664	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: Thomas Domagala 1/15/98 561-241-0350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #

CR2E037 (10/97)