


FILE NOW: FILING FEE IS \$61.25

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Jan 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N93000003959 (4)</b> 1. Corporation Name <b>COUNCIL OF VILLAGES, INC.</b>			
Principal Place of Business <b>2000 GLADES ROAD SUITE 400 BOCA RATON FL 33431</b>		Mailing Address <b>2000 GLADES ROAD SUITE 400 BOCA RATON FL 33431</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
9. Name and Address of Current Registered Agent <b>HRAWG CORP. 2000 GLADES ROAD SUITE 400 BOCA RATON FL 33431</b>			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City <b>FL</b> 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 <b>Thomas Domagala</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>1/16/98</b>			
12. OFFICERS AND DIRECTORS			
TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE	
NAME	<b>PEARLSTEIN, JULES</b>		
STREET ADDRESS	<b>2605 NW 63RD ST</b>		
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>		
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE	
NAME	<b>LEHRBURGER, WILLIAM "BILL"</b>		
STREET ADDRESS	<b>5350 NW 23RD WAY</b>		
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>		
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE	
NAME	<b>DOMAGALA, THOMAS</b>		
STREET ADDRESS	<b>2199 N.W. 59TH STREET</b>		
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	
NAME	<b>BASKIES, JEFFREY</b>		
STREET ADDRESS	<b>6645 N.W. 25TH WAY</b>		
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>		
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE	
NAME	<b>BLUM, BARRY</b>		
STREET ADDRESS	<b>6364 N.W. 25TH WAY</b>		
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>		
TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE	
NAME	<b>HANOR, DICK</b>		
STREET ADDRESS	<b>2507 N.W. 59TH STREET</b>		
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME	<b>Schweitzer, Mori Aaron</b>		
1.3 STREET ADDRESS	<b>2253 N.W. 62nd Drive</b>		
1.4 CITY-ST-ZIP	<b>Boca Raton, FL 33496</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME	<b>Segal, David</b>		
2.3 STREET ADDRESS	<b>2443 N.W. 61st Diagonal</b>		
2.4 CITY-ST-ZIP	<b>Boca Raton, FL 33496-3664</b>	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	



14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

**SIGNATURE REQUIRED**

1/15/98

561-241-0350

CR2E037 (10/97)