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003484

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003959

1. Corporation Name

COUNCIL OF VILLAGES, INC.

1/3/17 - 90058 - 4

Principal Place of Business

2000 GLADES ROAD
SUITE 400
BOCA RATON FL 33431

Mailing Address

2000 GLADES ROAD
SUITE 400
BOCA RATON FL 33431



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/30/1993

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 \$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

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

24 25

29 30

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 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

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 DELETE

NAME PEARLSTINE, JULES
STREET ADDRESS 2605 NW 63RD ST
CITY-ST-ZIP BOCA RATON FL 33496

1.1 TITLE Change Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

DAVID P. SEGAL
2443 NW 614 DIAGONAL
BOCA RATON, FL 33496

TITLE DS DELETE

NAME LEHRBURGER, WILLIAM "BILL"
STREET ADDRESS 5350 NW 23RD WAY
CITY-ST-ZIP BOCA RATON FL 33496

2.1 TITLE Change Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DP DELETE

NAME DOMAGALA, THOMAS
STREET ADDRESS 2199 N.W. 59TH STREET
CITY-ST-ZIP BOCA RATON FL 33496

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T DELETE

NAME SCHWEITZER, MORI ANARON
STREET ADDRESS 2253 N.W. 62ND DRIVE
CITY-ST-ZIP BOCA RATON FL 33496

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE AS DELETE

NAME BLUM, BARRY
STREET ADDRESS 6364 N.W. 25TH WAY
CITY-ST-ZIP BOCA RATON FL 33496

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DVP DELETE

NAME HANOR, DICK
STREET ADDRESS 2507 N.W. 59TH STREET
CITY-ST-ZIP BOCA RATON FL 33496

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/24/99 561-995-4493

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)