

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90058 004 ****61.25

0043484

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

08/30/1993

4. FEI Number

65-0465984

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

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

TITLE ☐ DELETE
NAME **DVP**
STREET ADDRESS **PEARLSTINE, JULES**
CITY-ST-ZIP **2605 NW 63RD ST
BOCA RATON FL 33496**

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

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

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

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

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99 561995-4493

CR2E037 (1/98)