

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

LETTER NO.
795A00016042

DOCUMENT # **N21749** (9)

1. Corporation Name

FIRST FAIRWAY ASSOCIATION, INC.

1995 APR 26 PM 1:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

C/O MICHAEL L. DALE, ESO.
P. O. BOX 2582
STUART FL 34995

C/O MICHAEL L. DALE, ESO.
P. O. BOX 2582
STUART FL 34995

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/29/1987** 3a. Date of Last Report **04/29/1994**

4. FEI Number **59-2653640** Applied For Not Applicable

5. Certificate of Status Desired **\$68.75** Additional Fee Required

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DALE, MICHAEL L.
5154 S.E. FEDERAL HIGHWAY
STUART FL 33497

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **LEWANDOWSKI, JAMES**
STREET ADDRESS **2230 COUNTRY CLUB LANE**
CITY - ST - ZIP **STUART FL**

1.1 TITLE **PRESIDENT, DIRECTOR** Change Addition
1.2 NAME **ZOCCO, A. JAMES**
1.3 STREET ADDRESS **2330 COUNTRY CLUB LANE**
1.4 CITY - ST - ZIP **STUART, FL 34996**

TITLE **STD**
NAME **MEYER, M. GARRY**
STREET ADDRESS **2210 COUNTRY CLUB LANE**
CITY - ST - ZIP **STUART FL**

2.1 TITLE **~~MEMBER~~** Change Addition
2.2 NAME **~~MICHAEL L. DALE~~**
2.3 STREET ADDRESS **~~5154 S.E. FEDERAL HWY~~**
2.4 CITY - ST - ZIP **~~STUART FL 33497~~**

TITLE **D**
NAME **SIRISALEE, PREDANAN**
STREET ADDRESS **2190 COUNTRY CLUB LANE**
CITY - ST - ZIP **STUART FL**

3.1 TITLE **TRASUROR, DIRECTOR** Change Addition
3.2 NAME **MARJORIE SAN LORUNZO, MARJORIE**
3.3 STREET ADDRESS **2270 COUNTRY CLUB LANE**
3.4 CITY - ST - ZIP **STUART FL 34996**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE **LEWANDOWSKI, DEBRA** Change Addition
4.2 NAME **SECRETARY**
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE **VIC PRESIDENT, DIRECTOR** Change Addition
5.2 NAME **LEWANDOWSKI, J. JAMES**
5.3 STREET ADDRESS **2250 SB COUNTRY CLUB LANE**
5.4 CITY - ST - ZIP **STUART, FL 34996**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE **SECRETARY, DIRECTOR** Change Addition
6.2 NAME **LEWANDOWSKI, L. DEBRA**
6.3 STREET ADDRESS **2250 S.B. COUNTRY CLUB LANE**
6.4 CITY - ST - ZIP **STUART, FL 34996**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 and a person 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 of this report, and an address with an address.

SIGNATURE: **JAMES A. ZOCCO, PRESIDENT** DATE: **APR 16, 1995** DAYTON # **407-220-1124**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dayton #