

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90047 007 \*\*\*\*61.25

**DOCUMENT # N21749**

1. Entity Name

**FIRST FAIRWAY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

*(Corporate attorney)*

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ZOCCO, JAMES A	
STREET ADDRESS	2330 COUNTRY CLUB LANE	
CITY-ST-ZIP	STUART FL 34996	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SAN LORENZO, MARJORIE	
STREET ADDRESS	2270 COUNTRY CLUB LANE	
CITY-ST-ZIP	STUART FL 34996	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEWANDOWSKI, JAMES	
STREET ADDRESS	2250 COUNTRY CLUB LANE	
CITY-ST-ZIP	STUART FL 34996	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MEYER, GARRY	
STREET ADDRESS	2210 SE COUNTRY CLUB LN	
CITY-ST-ZIP	STUART FL 34996	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*James A. Zocco*  
**SIGNATURE REQUIRED**  
 JAMES A. ZOCCO

1-21-02

Date

(561) 220-1124

Daytime Phone #

CR2E037 (9/01)