


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90098 014 ****61.25

DOCUMENT # N21749			
1. Entity Name FIRST FAIRWAY ASSOCIATION, INC.			
Principal Place of Business 2616 SE WILLOUGHY BLVD. STUART, FL 34994		Mailing Address 2616 SE WILLOUGHY BLVD. STUART, FL 34994	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		03152005 Chg-NP CR2E037 (10/03)	
		4. FEI Number NOT APPLICABLE	
		Applied For <input checked="" type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DALE, MICHAEL L. <i>Esq.</i> 2616 SE WILLOUGHY BLVD. STUART, FL 34994		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOCCO, JAMES A	NAME	
STREET ADDRESS	2330 COUNTRY CLUB LANE	STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 34996	CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILDOR, MARJORIE	NAME	TD MULLANEY, MARI
STREET ADDRESS	2290 SE COUNTRY CLUB LANE	STREET ADDRESS	2330 SE COUNTRY CLUB LANE
CITY-ST-ZIP	STUART, FL 34996	CITY-ST-ZIP	STUART, FL 34996
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWANDOWSKI, JAMES	NAME	LEWANDOWSKI, JAMES
STREET ADDRESS	2250 COUNTRY CLUB LANE	STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 34996	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, GARRY	NAME	
STREET ADDRESS	2210 SE COUNTRY CLUB LN	STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 34996	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Garry Meyer, Secy</i>		Date: <i>3/21/05</i> (772)-283-7118	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	