

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Mar 24, 2003 8:00 am  
Secretary of State

03-24-2003 90203 005 \*\*\*\*61.25

0062334

DOCUMENT # N21749

1. Entity Name

FIRST FAIRWAY ASSOCIATION, INC.



Principal Place of Business

C/O MICHAEL L. DALE. ESO.

Mailing Address

C/O MICHAEL L. DALE. ESO.

60015196



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

2616 SE Willoughby Blvd

3. Mailing Address

2616 SE Willoughby Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Stuart, FL

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

34994

US

Zip

Country

34994

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DALE, MICHAEL L., Esq. (Attorney)  
2616 SE Willoughby Blvd  
STUART FL 34994  
772-286-2323 office  
772-286-7403 FAX

7. Name and Address of New Registered Agent

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

(on file)

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 Florida Department of State

10. OFFICERS AND DIRECTORS

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 checked="" 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARJORIE GILDOR	
STREET ADDRESS	2290 S. E. Country Club Lane	
CITY-ST-ZIP	STUART, FL 34996	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2210 is correct number, not 2310.	
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:

SIGNATURE REQUIRED

3-3-03

(772) 220-1124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)