

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90021 024 ****61.25

DOCUMENT # N94000005235

1. Entity Name

DALKEITH RECREATIONAL ASSOCIATION, INC.



Principal Place of Business

PO BOX 673
WEWAHITCHKA FL 32465

Mailing Address

PO BOX 673
WEWAHITCHKA FL 32465

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3231864

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KALKA, LLOYD
7116 COLLINS ROAD
PANAMA CITY FL 32404

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

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
Due By May 1, 2006

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 SD ☒ Delete
NAME WOODARD, ANGELA
STREET ADDRESS 7116 COLLINS RD.
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE PD ☐ Delete
NAME KALKA, LLOYD
STREET ADDRESS 7116 COLLINS ROAD
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE VPD ☐ Delete
NAME REID, PATRICIA
STREET ADDRESS 196 FIELDCREST LANE
CITY-ST-ZIP WEWAHITCHKA FL 32465

TITLE D ☒ Delete
NAME WILLIAMS, FRED
STREET ADDRESS P O BOX 1841
CITY-ST-ZIP WEWAHITCHKA FL 32465

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PHILIP SCARBOROUGH ☐ Change ☒ Addition
NAME
STREET ADDRESS P.O. BOX 673 (SECRETARY)
CITY-ST-ZIP WEWAHITCHKA FL 32465

TITLE RODNEY WILLIAMS ☐ Change ☒ Addition
NAME
STREET ADDRESS P.O. BOX 673 (TREASURER)
CITY-ST-ZIP WEWAHITCHKA FL 32465

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Lloyd Kalka

02-23-06 850-624-5007