

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N94000005235

1. Entity Name

DALKEITH RECREATIONAL ASSOCIATION, INC.



FILED
Aug 13, 2008 08:00 AM
Secretary of State



Principal Place of Business Mailing Address
PO BOX 673 PO BOX 673
WEWAHITCHKA FL 32465 WEWAHITCHKA FL 32465

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

2nd MOORE CR2E037 (4/08)

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 September 3, 2008

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 S
NAME SCARBOROUGH, PHILIP ☐ Delete
STREET ADDRESS POB 673
CITY-ST-ZIP WEWAHITCHKA FL 32465

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

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

TITLE T
NAME WILLIAMS, RODNEY ☐ Delete
STREET ADDRESS POB 673
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 ☐ Change ☐ Addition
NAME
STREET ADDRESS U000000957611
CITY-ST-ZIP 08/13/08-80002-008 61.25

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

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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 Chapter 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