

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005235

FILED  
Aug 19, 2009  
Secretary of State

Entity Name: DALKEITH RECREATIONAL ASSOCIATION, INC.

## Current Principal Place of Business:

PO BOX 673  
WEWAHITCHKA, FL 32465

## New Principal Place of Business:

196 FIELDCREST LANE  
WEWAHITCHKA, FL 32465

## Current Mailing Address:

PO BOX 673  
WEWAHITCHKA, FL 32465

## New Mailing Address:

7116 COLLINS RD.  
PANAMA CITY, FL 32404 BA

FEI Number: 59-3231864      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

KALKA, LLOYD  
7116 COLLINS ROAD  
PANAMA CITY, FL 32404 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: SCARBOURGH, PHILIP  
Address: POB 673  
City-St-Zip: WEWAHITCHKA, FL 32465

Title: PD ( ) Delete  
Name: KALKA, LLOYD  
Address: 7116 COLLINS ROAD  
City-St-Zip: PANAMA CITY, FL 32404

Title: VPD ( ) Delete  
Name: REID, PATRICIA  
Address: 196 FIELDCREST LANE  
City-St-Zip: WEWAHITCHKA, FL 32465

Title: T ( ) Delete  
Name: WILLIAMS, RODNEY  
Address: POB 673  
City-St-Zip: WEWAHITCHKA, FL 32465

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition  
Name: SCARBOURGH, PHILIP  
Address: 2407 VALLEY OAK CT.  
City-St-Zip: PANAMA CITY, FL 32408 BA

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LLOYD KALKA

PRES

08/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date