



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90072 020 \*\*\*\*61.25

<b>DOCUMENT # 735337</b> 1. Entity Name <b>CALUSA LAND TRUST AND NATURE PRESERVE OF PINE ISLAND, INC.</b>					
Principal Place of Business <b>CALUSA ISLAND P.O. BOX 216 BOKEELIA, FL 33922</b>			Mailing Address <b>P.O. BOX 216 P.O. BOX 216 BOKEELIA, FL 33922 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		03182005 Chg-NP CR2E037 (10/03)	
Zip Country		Zip Country		4. FEI Number <b>59-1782265</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>SPIKOWSKI, WILLIAM M 1617 HENDRY STREET SUITE 416 FORT MYERS, FL 33901</b>			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPIKOWSKI, WILLIAM M 1617 HENDRY ST STE 416 FORT MYERS, FL 33901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOODHEAD, RUBY 2277 SAPODILLA LANE ST. JAMES CITY, FL 33956	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALEXANDER, JAMES 2175 DATE STREET SAINT JAMES CITY, FL 33956	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.D. COTTEVILLE, BRIAN 10715 HABITAT CIRCLE BOKEELIA, FL 33922 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOUSE, WAYNE 3489 GASPARILLA ST. SAINT JAMES CITY, FL 33956	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACKERMAN, ALISON 1463 EL PRADO AVE. FORT MYERS, FL 33901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNER, HAROLD 2928 BUTTONWOOD KEY CT. SAINT JAMES CITY, FL 33956	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>William M. Spikowski</i> <b>WILLIAM M. SPIKOWSKI, TD</b> <b>3/16/05 239-334-8866</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT # 735337

**2005 NON-OFFICER DIRECTORS OF THE  
CALUSA LAND TRUST & NATURE PRESERVE OF PINE ISLAND, INC.**

Alison Ackerman — D  
1463 El Prado Avenue  
Fort Myers, Florida 33901

40035131

James A. Alexander — D  
2308 Date Street  
St. James City, Florida 33956

Brenda Anderson — D  
P.O. Box 247  
Pineland, Florida 33945

Harold Bruner — D  
2928 Buttonwood Key Court  
St. James City, Florida 33956

Ed Chapin — D  
Calusa Island, P.O. Box 343  
Bokeelia, Florida 33922

Joan Culver — D  
4245 Pine Island Road NW  
Matlacha, Florida 33993

Norman Gowan — D  
2151 Date Street  
St. James City, Florida 33956

Judy Ott — D  
10715 Habitat Circle  
Bokeelia Florida 33922

Gene Tolman — D  
3321 Stabile Road  
St. James City, Florida 33956

Donna Venesky — D  
7965 Judge Bean Road  
Bokeelia, Florida 33922

Ron Wesorick — D  
2063 Macadamia Street  
St. James City, Florida 33956