### **2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 735337** 

Entity Name: CALUSA LAND TRUST AND NATURE PRESERVE OF PINE

ISLAND, INC.

FILED
Jan 27, 2013
Secretary of State
CC5704131339

### **Current Principal Place of Business:**

2467 SYCAMORE ST ST. JAMES CITY, FL 33956

## **Current Mailing Address:**

P.O. BOX 216

BOKEELIA, FL 33922 US

FEI Number: 59-1782265 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

ROSENBERG, JOAN E 2467 SYCAMORE ST ST. JAMES CITY, FL 33956 US

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

#### Officer/Director Detail:

Title TRI	EASURER	Title	SECRETARY
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NameROSENBERG, JOAN ENameWOODHEAD, RUBYEAddress2467 SYCAMORE STAddress2277 SAPODILLA LANECity-State-Zip:ST. JAMES CITY FL 33956City-State-Zip:ST. JAMES CITY FL 33956

TitleDIRECTORTitleDIRECTORNameWESORICK, RONNameCHAPIN, EDAddress2063 MACADAMIA LNAddressPO BOX 343

City-State-Zip: ST. JAMES CITY FL 33956 City-State-Zip: BOKEELIA FL 33922

Title DIRECTOR Title PRESIDENT

NameCOTTERILL, BRIANNameBRUNER, HAROLDAddress10715 HABITAT CIRCLEAddress2271 BANANA ST

City-State-Zip: BOKEELIA FL 33922 City-State-Zip: SAINT JAMES CITY FL 33956

Title VP Title DIRECTOR

NameKENDALL, JOHNNameBEAR, CYNTHIAAddress3331 FRANZONE RDAddress10560 HABITAT TR

City-State-Zip: SAINT JAMES CITY FL 33956 City-State-Zip: BOKEELIA FL 33922

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I hereby 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 all other like empowered.

SIGNATURE: JOAN E. ROSENBERG

**TREASURER** 

01/27/2013

# Officer/Director Detail Continued:

Title DIRECTOR

Name BUTTERS, GERALD

Address 3583 SAN CARLOS DRIVE

City-State-Zip: SAINT JAMES CITY FL 33956

Title DIRECTOR

Name KOUTSOUTIS, SONJA

Address 4406 LAKE HEATHER CIRCLE

City-State-Zip: SAINT JAMES CITY FL 33956

Title DIRECTOR
Name OTT, JUDITH

Address 10715 HABITAT CIRCLE

City-State-Zip: BOKEELIA FL 33922

Title DIRECTOR

Name SIMMONS, PETER Address 2506 BAYBREEZE

City-State-Zip: SAINT JAMES CITY FL 33956

Title DIRECTOR

Name HOUSE, CATHERINE
Address 3457 GASPARILLA ST

City-State-Zip: SAINT JAMES CITY FL 33956

Title DIRECTOR
Name LAUX, MARK

Address 2105 SW 36TH TERR
City-State-Zip: CAPE CORAL FL 33914

Title DIRECTOR

Name ROONEY, JAMES

Address 3206 STABILE ROAD

City-State-Zip: SAINT JAMES CITY FL 33956