

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735337

Entity Name: CALUSA LAND TRUST AND NATURE PRESERVE OF PINE ISLAND, INC.**FILED**
Jan 22, 2014
Secretary of State
CC2036420578**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 TREASURER
Name ROSENBERG, JOAN E
Address 2467 SYCAMORE ST
City-State-Zip: ST. JAMES CITY FL 33956

Title SECRETARY
Name WOODHEAD, RUBY
Address 2277 SAPODILLA LANE
City-State-Zip: ST. JAMES CITY FL 33956

Title DIRECTOR
Name WESORICK, RON
Address 2063 MACADAMIA LN
City-State-Zip: ST. JAMES CITY FL 33956

Title VP
Name CHAPIN, ED
Address PO BOX 343
City-State-Zip: BOKEELIA FL 33922

Title DIRECTOR
Name COTTERILL, BRIAN
Address 10715 HABITAT CIRCLE
City-State-Zip: BOKEELIA FL 33922

Title PRESIDENT
Name KENDALL, JOHN
Address 3331 FRANZONE RD
City-State-Zip: SAINT JAMES CITY FL 33956

Title DIRECTOR
Name BEAR, CYNTHIA
Address 10560 HABITAT TR
City-State-Zip: BOKEELIA FL 33922

Title DIRECTOR
Name HAZEN, RAD
Address 3548 TANGERINE
City-State-Zip: SAINT JAMES CITY FL 33956

Continues on page 2

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****01/22/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name POTTER, FRANK
Address PO BOX 2336
City-State-Zip: PINELAND FL 33945

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