

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 735337

**Entity Name:** CALUSA LAND TRUST AND NATURE PRESERVE OF PINE ISLAND, INC.**FILED**  
**Jan 24, 2018**  
**Secretary of State**  
**CC8682885222****Current Principal Place of Business:**3548 TANGERINE DRIVE  
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: JOAN E. ROSENBERG****01/24/2018**

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** DIRECTOR  
**Name** OTT, JUDY  
**Address** 10715 HABITAT CIRCLE  
**City-State-Zip:** BOKEELIA FL 33922**Title** DIRECTOR  
**Name** CHAPIN, ED  
**Address** 16285 AURA LANE  
**City-State-Zip:** BOKEELIA FL 33922**Title** DIRECTOR  
**Name** COTTERILL, BRIAN  
**Address** 10715 HABITAT CIRCLE  
**City-State-Zip:** BOKEELIA FL 33922**Title** PRESIDENT  
**Name** HAZEN, RADFORD  
**Address** 3548 TANGERINE DRIVE  
**City-State-Zip:** ST. JAMES CITY FL 33956**Title** DIRECTOR  
**Name** HUMMER, BILL  
**Address** P.O. BOX 740  
**City-State-Zip:** SAINT JAMES CITY FL 33956**Title** VP  
**Name** BALLARD, ROBERT  
**Address** 623 PECK AVE.  
**City-State-Zip:** FORT MYERS FL 33919**Title** DIRECTOR  
**Name** HOUSE, CATHERINE  
**Address** 3457 GASPARILLA ST  
**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****01/24/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name KOUTSOUTIS, SONJA J.  
Address 4406 LAKE HEATHER CIRCLE  
City-State-Zip: SAINT JAMES CITY FL 33956

Title DIRECTOR  
Name MURPHEY, CAROLYN  
Address PO BOX 333  
City-State-Zip: BOKEELIA FL 33922

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

Title SECRETARY  
Name KENDALL, MARTHA L.  
Address 3331 FRANZONE RD.  
City-State-Zip: SAINT JAMES CITY FL 33956

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

Title DIRECTOR  
Name CERNICKY, JAREN  
Address 3203 FRANZONE ROAD  
City-State-Zip: SAINT JAMES CITY FL 33956

Title DIRECTOR  
Name COSTA, RUSSELL  
Address 12335 SHERWOOD RD.  
City-State-Zip: BOKEELIA FL 33922