2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735337

Entity Name: CALUSA LAND TRUST AND NATURE PRESERVE OF PINE

ISLAND, INC.

FILED
Jan 22, 2019
Secretary of State
6855616529CC

Current Principal Place of Business:

2467 SYCAMORE ST

SAINT 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 01/22/2019

Electronic Signature of Registered Agent Date

Officer/Director Detail:

TitleTREASURERTitleDIRECTORNameROSENBERG, JOAN ENameOTT, JUDY

Address 2467 SYCAMORE ST Address 10715 HABITAT CIRCLE
City-State-Zip: ST. JAMES CITY FL 33956 City-State-Zip: BOKEELIA FL 33922

Title DIRECTOR Title VF

NameCHAPIN, EDNameCOTTERILL, BRIANAddress16285 AURA LANEAddress10715 HABITAT CIRCLECity-State-Zip:BOKEELIA FL 33922BOKEELIA FL 33922

TitlePRESIDENTTitleDIRECTORNameBALLARD, ROBERTNameHUMMER, BILLAddressP.O.BOX 687AddressP.O. BOX 740

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

Title DIRECTOR Title DIRECTOR

Name WEIR, NANCY A. Name HOUSE, CATHERINE
Address 3625 MYERS LANE Address 3457 GASPARILLA ST

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

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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

Electronic Signature of Signing Officer/Director Detail

TREASURER

01/22/2019

Officer/Director Detail Continued:

TitleDIRECTORTitleASST. TREASURERNameMULLIN, CAROLNameKENDALL, JOHNAddress6134 CALUSA RIDGE TRAILAddress3331 FRANZONE RD.

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

Title DIRECTOR Title DIRECTOR

Name MURPHEY, CAROLYN Name POTTER, FRANK

Address PO BOX 333 Address PO BOX 2336

City-State-Zip: BOKEELIA FL 33922 City-State-Zip: PINELAND FL 33945

Title DIRECTOR Title SECRETARY

NameCOSTA, RUSSELLNameKENDALL, MARTHA L.Address12335 SHERWOOD RD.Address3331 FRANZONE RD.

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