

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735337

Entity Name: CALUSA LAND TRUST AND NATURE PRESERVE OF PINE ISLAND, INC.**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****02/01/2020**

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

Title PRESIDENT
Name BALLARD, ROBERT
Address P.O.BOX 687
City-State-Zip: BOKEELIA FL 33922

Title DIRECTOR
Name HUMMER, BILL
Address 1302 ISLAMORADA BLVD
City-State-Zip: PUNTA GORDA FL 33955

Title DIRECTOR
Name WEIR, NANCY A.
Address 3625 MYERS LANE
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

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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****02/01/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MULLIN, CAROL
Address 6134 CALUSA RIDGE TRAIL
City-State-Zip: BOKEELIA FL 33922

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

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

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

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