| SAINT JAMES CITY, FL 33956 | | | | | |
|---|---|-----------------------|---|------------|--|
| Current Mai | ling Address: | | | | |
| P.O. BOX 21 BOKEELIA, | 6 FL 33922 US | | | | |
| FEI Number | : 59-1782265 | | Certificate of Status Des | ired: No | |
| Name and A | ddress of Current Registered Agent: | | | | |
| ROSENBERG, 2467 SYCAMOI ST. JAMES CIT | | | | | |
| | l entity submits this statement for the purpose of changing its regis | tered office or regis | tered agent, or both, in the State of Flo | orida. | |
| SIGNATURE | JOAN E. ROSENBERG | | | 01/26/2024 | |
| | Electronic Signature of Registered Agent | | | Date | |
| Officer/Dire | ctor Detail : | | | | |
| Title | TREASURER | Title | DIRECTOR | | |
| Name | ROSENBERG, JOAN E | Name | OTT, JUDY | | |
| Address | 2467 SYCAMORE ST | Address | 10715 HABITAT CIRCLE | | |
| City-State-Zip: | ST. JAMES CITY FL 33956 | City-State-Zip: | BOKEELIA FL 33922 | | |
| Title | PRESIDENT | Title | DIRECTOR | | |
| Name | POTTER, FRANCIS J. | Name | BALLARD, ROBERT | | |
| Address | P.O.BOX 2336 | Address | P.O.BOX 687 | | |
| City-State-Zip: | PINELAND FL 33945 | City-State-Zip: | BOKEELIA FL 33922 | | |
| Title | DIRECTOR | Title | DIRECTOR | | |
| Name | SMITH, LES | Name | MULLIN, CAROL | | |
| Address | 3355 MANATEE DRIVE | Address | 6134 CALUSA RIDGE TRAIL | | |
| City-State-Zip: | SAINT JAMES CITY FL 33956 | City-State-Zip: | BOKEELIA FL 33922 | | |

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: CALUSA LAND TRUST AND NATURE PRESERVE OF PINE

Title

Name

Address

DOCUMENT# 735337

Current Principal Place of Business:

ISLAND, INC.

2467 SYCAMORE ST

| 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. |

Title

Name

Address

SIGNAT

ASST. TREASURER

3331 FRANZONE RD.

KENDALL, JOHN

City-State-Zip: SAINT JAMES CITY FL 33956

ASURER

DIRECTOR

PO BOX 333

City-State-Zip: BOKEELIA FL 33922

Continues on page 2

MURPHEY, CAROLYN

01/26/2024

Electronic Signature of Signing Officer/Director Detail

FILED Jan 26, 2024

Secretary of State 0802605093CC

| URE | JOAN | IE. ROS | SENBERG | | | TREA |
|-----|------|---------|---------|--|--|------|
| | | | | | | |

Date

Officer/Director Detail Continued :

City-State-Zip: BOKEELIA FL 33922

| Title | SECRETARY | Title | VP |
|-----------------|---------------------------|-----------------|--------------------|
| Name | KENDALL, MARTHA L. | Name | KING, CHERYL |
| Address | 3331 FRANZONE RD. | Address | 6094 VALERIA ROAD |
| City-State-Zip: | SAINT JAMES CITY FL 33956 | City-State-Zip: | BOKEELIA FL 33922 |
| | | | |
| Title | DIRECTOR | Title | DIRECTOR |
| Name | HOUSE, CATHY | Name | PERRY, JR., JOSEPH |
| Address | 3457 GASPARILLA | Address | 15821 MISSOURI |
| City-State-Zip: | SAINT JAMES CITY FL 33956 | City-State-Zip: | BOKEELIA FL 33922 |
| | | | |
| Title | DIRECTOR | | |
| Name | COTTERILL, BRIAN | | |
| Address | 10715 HABITAT CIRCLE | | |