

FILE NOW: FILING FEE IS \$61.25

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Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **735337** (8)

1. Corporation Name

**CALUSA LAND TRUST AND NATURE PRESERVE OF PINE IS  
LAND, INC.**

Principal Place of Business

Mailing Address

**CALUSA ISLAND  
P.O. BOX 216  
BOKEELIA FL 33922**

**P.O. BOX 216  
P.O. BOX 216  
BOKEELIA FL 33922  
US**

3. Date Incorporated or Qualified

**03/19/1976**

4. FEI Number

**59-1782265**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPIKOWSKI, WILLIAM M  
1617 HENDRY STREET  
SUITE 007- SUITE 416  
FORT MYERS FL 33901**

81 Name

(SAME)

82 Street Address (P.O. Box Number is Not Acceptable)

(SAME)

83

SUITE 416

84 City

(SAME)

FL

85 Zip Code

(SAME)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LARKIN, RICH	
STREET ADDRESS	3849 FIRST AVENUE	
CITY-ST-ZIP	ST. JAMES CITY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SPIKOWSKI, WILLIAM M	
STREET ADDRESS	16285 AURA LANE	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GOWAN, NORM	
STREET ADDRESS	2151 DATE ST	
CITY-ST-ZIP	ST. JAMES CITY FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	CHAPLIN, ED	
STREET ADDRESS	P O BOX 343 N/A	
CITY-ST-ZIP	BOKEELIA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ED CHAPIN	
1.3 STREET ADDRESS	P O BOX 343 N/A	
1.4 CITY-ST-ZIP	BOKEELIA, FL 33922	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	(SAME)	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RUBY WOODHEAD	
3.3 STREET ADDRESS	2277 SAPODILLA LANE	
3.4 CITY-ST-ZIP	ST. JAMES CITY, FL. 33956	
4.1 TITLE	VP-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RICHARD LITTLE	
4.3 STREET ADDRESS	3660 TANGERINE DRIVE	
4.4 CITY-ST-ZIP	ST. JAMES CITY, FL. 33956	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William M. Spikowski* WILLIAM M. SPIKOWSKI 4/21/98 941-334-8866

CR2E037 (10/97)