

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996-11-96

B-3433-6

DOCUMENT # 735337 (8)

1. Corporation Name

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



Principal Place of Business

CALUSA ISLAND
P.O. BOX 216
BOKEELIA FL 33922

Mailing Address

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

3. Date Incorporated or Qualified
03/19/1976

3a. Date of Last Report
02/03/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

SPIKOWSKI, WILLIAM M
1617 HENDRY STREET
SUITE 307
FORT MYERS FL 33901

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-1782265

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD
KENNEDY, CHIC
2468 SYLAMDRE
ST JAMES CITY FL 33956

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
SPIKOWSKI, WILLIAM M
16285 AURA LANE
BOKEELIA FL 33922

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
GOWAN, NORM
2151 DATE ST
ST. JAMES CITY FL 33956

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VPD
ACKERMAN, ALISON
16285 AURA LANE
BOKEELIA FL 33922

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

4/8/96

941-334-8866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)