

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735337

FILED
Mar 09, 2009
Secretary of State

Entity Name: CALUSA LAND TRUST AND NATURE PRESERVE OF PINE ISLAND, INC.

Current Principal Place of Business:

CALUSA ISLAND
BOKEELIA, FL 33922 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 216
BOKEELIA, FL 33922 US

New Mailing Address:

FEI Number: 59-1782265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIKOWSKI, WILLIAM M
1617 HENDRY STREET
SUITE 416
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SPIKOWSKI, WILLIAM
Address: 1617 HENDRY ST STE 416
City-St-Zip: FORT MYERS, FL 33901

Title: SD () Delete
Name: WOODHEAD, RUBY
Address: 2277 SAPODILLA LANE
City-St-Zip: ST. JAMES CITY, FL 33956

Title: VD () Delete
Name: WESORICK, RON
Address: 2063 MACADAMIA LN
City-St-Zip: ST. JAMES CITY, FL 33956

Title: D () Delete
Name: CHAPIN, ED
Address: PO BOX 343
City-St-Zip: BOKEELIA, FL 33922

Title: D () Delete
Name: ACKERMAN, ALISON
Address: 1463 EL PRADO AVE.
City-St-Zip: FORT MYERS, FL 33901

Title: PD () Delete
Name: BRUNER, HAROLD
Address: 580 BIRDSONG PL
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: COTTERILL, BRIAN
Address: 10715 HABITAT CIRCLE
City-St-Zip: BOKEELIA, FL 33922

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM M. SPIKOWSKI

TD

03/09/2009

Electronic Signature of Signing Officer or Director

Date