

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001122

Entity Name: CALUSA WATERKEEPER, INC.**Current Principal Place of Business:**7217 COCA SABAL LN
FT MYERS, FL 33908**Current Mailing Address:**P.O. BOX 1165
FORT MYERS, FL 33902 US**FEI Number:** 65-0565226**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WATKINS, RUTH
7217 COCA SABAL LN
FT MYERS, FL 33908 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name WATKINS, RUTH
Address 7217 COCA SABAL LN
City-State-Zip: FT MYERS FL 33908

Title DIRECTOR
Name WATKINS, JAMES
Address 7217 COCA SABAL LN
City-State-Zip: FT MYERS FL 33908

Title DIRECTOR
Name HERNANDEZ, SOLEMI
Address P.O. BOX 1165
City-State-Zip: FORT MYERS FL 33902

Title DIRECTOR, SECRETARY
Name PIM, JASON
Address P.O. BOX 1165
City-State-Zip: FORT MYERS FL 33902

Title DIRECTOR, VP
Name AVERY, CHUCK
Address P.O. BOX 1165
City-State-Zip: FORT MYERS FL 33902

Title DIRECTOR
Name SIMON, HOWARD
Address P.O. BOX 1165
City-State-Zip: FORT MYERS FL 33902

Title DIRECTOR
Name APARICIO, MANUEL
Address P.O. BOX 1165
City-State-Zip: FORT MYERS FL 33902

Title DIRECTOR, TREASURER
Name TINSLEY, NIKKI
Address P.O. BOX 1165
City-State-Zip: FORT MYERS FL 33902

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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: RUTH WATKINS**REGISTERED AGENT****04/07/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, PRESIDENT
Name RUEBEN, BRUCE
Address P.O. BOX 1165
City-State-Zip: FORT MYERS FL 33902

Title DIRECTOR
Name HUYCK, TIM
Address P.O. BOX 1165
City-State-Zip: FORT MYERS FL 33902

Title DIRECTOR
Name COUSE, BRANDI
Address P.O. BOX 1165
City-State-Zip: FORT MYERS FL 33902

Title DIRECTOR
Name KRALAPP, MARY KAY
Address P.O. BOX 1165
City-State-Zip: FORT MYERS FL 33902