2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2011
Secretary of State

DOCUMENT# 735337

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
Name: SPIKOWSKI, WILLIAM
Address: 1617 HENDRY ST STE 416
City-St-Zip: FORT MYERS, FL 33901

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

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

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

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

Title: PD
Name: COTTERILL, BRIAN
Address: 10715 HABITAT CIRCLE
City-St-Zip: BOKEELIA, FL 33922

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: WILLIAM M. SPIKOWSKI TD 04/02/2011

Electronic Signature of Signing Officer or Director Date