

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90329 029 \*\*\*\*61.25

**DOCUMENT # N38334**

1. Entity Name  
**ISLAND INDUSTRIAL PARK ASSOCIATION, INC.**



Principal Place of Business  
**994 N. BARFIELD DRIVE, UNIT #7  
MARCO ISLAND, FL 34145 US**

Mailing Address  
**PO BOX 1201  
MARCO ISLAND, FL 34146-1201 US**

**50039689**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04112005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0254852**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHUTE, JAMES W  
994 N. BARFIELD DRIVE  
UNIT 7  
MARCO ISLAND, FL 34145**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME CHUTE, JAMES W  
STREET ADDRESS 994 N. BARFIELD DRIVE, UNIT #6  
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE VPD ☐ Delete  
NAME DEAN, CHRISTINA M  
STREET ADDRESS 994 N. BARFIELD DRIVE, UNIT 33  
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE DST ☐ Delete  
NAME TIMMERMAN, JAMES  
STREET ADDRESS PO BOX 1453  
CITY-ST-ZIP MARCO ISLAND, FL 34146

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition  
NAME TIMMERMAN, JAMES E.  
STREET ADDRESS 994 N. BARFIELD DRIVE, UNIT #19  
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE VPD ☒ Change ☐ Addition  
NAME CHUTE, JAMES W.  
STREET ADDRESS 994 N. BARFIELD DRIVE, UNIT #6  
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE DST ☒ Change ☐ Addition  
NAME DEAN, CHRISTINA M.  
STREET ADDRESS 994 N. BARFIELD DRIVE, UNIT #33  
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Christina M. Dean, SEC/TREAS., CHRISTINA M. DEAN*

4/11/05

239-642-8298

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #