


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90031 020 ****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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0254852	
5. Certificate of Status Desired <input type="checkbox"/>				\$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		
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.			DATE		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			<small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TIMMERMAN, JAMES <input checked="" type="checkbox"/> Delete 994 N BARFIELD DR, UNIT 19 MARCO ISLAND, FL 34145				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PHILLIPS, TOM <input type="checkbox"/> Delete 994 N BARFIELD DR 310 MARCO ISLAND, FL 34145				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST SCOTT, STEIN <input type="checkbox"/> Delete 994 N BARFIELD DR #13 MARCO ISLAND, FL 34145				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Thomas Phillips <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 994 N. Barfield Dr #10 Marco Island, FL 34145				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD Ken Marino <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 430 Sandhill Marco Island FL 34145				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 3/19/07 Daytime Phone # 239-642-6085					