

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90025 010 ****61.25

DOCUMENT # N12835 1. Entity Name MIMS PLANTATION HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 110 GILERRASE LN QUINCY, FL 32351 US			Mailing Address P.O. BOX 724 QUINCY, FL 32353 US		
2. Principal Place of Business 110 GILCREASE LANE Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State QUINCY FL			City & State		
Zip 32351		Country US		Zip	
Country		Zip		Country	
4. FEI Number 59-2690801				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLIVER, POLLY D 266 GILCREASE LN QUINCY, FL 32351			7. Name and Address of New Registered Agent Name DAYLE COXEN Street Address (P.O. Box Number is Not Acceptable) 110 GILCREASE LANE City QUINCY FL Zip Code 32351		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 PD		NAME COX, DALE M.		<input type="checkbox"/> Delete	
STREET ADDRESS 110 GILEREASE LN		CITY-ST-ZIP QUINCY, FL 32351		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VD		NAME DUROCHER, ROBERT		<input type="checkbox"/> Delete	
STREET ADDRESS 34 GILCREASE LANE		CITY-ST-ZIP QUINCY, FL 32351		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD		NAME OLIVER, POLLY		<input checked="" type="checkbox"/> Delete	
STREET ADDRESS 266 GILEREASE LN		CITY-ST-ZIP QUINCY, FL 32351		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD		NAME SUSAN S. COXEN		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 110 GILCREASE LANE		CITY-ST-ZIP QUINCY, FL 32351		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD		NAME SUSAN S. COXEN		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 110 GILCREASE LANE		CITY-ST-ZIP QUINCY, FL 32351		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD		NAME SUSAN S. COXEN		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 110 GILCREASE LANE		CITY-ST-ZIP QUINCY, FL 32351		<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: <u>Dayle Coxen</u> 1-8-06 850-410-5757 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					