

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N12835**

1. Entity Name  
**MIMS PLANTATION HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**110 GILCREASE LANE  
QUINCY, FL 32351 US**

Mailing Address  
**P.O. BOX 724  
QUINCY, FL 32353 US**



01052008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-2690801**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**COXEN, DAYLE  
110 GILCREASE LANE  
QUINCY, FL 32351**

**DO NOT WRITE  
IN THIS SPACE**

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

*Dayle Coxen*

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

(NOTE: Registered Agent signature required when reappointing)

*1-17-08*

DATE

**Filing Fee is \$81.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000790374  
01/23/08-80033-007 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	COXEN, DAYLE
STREET ADDRESS	110 GILCREASE LANE
CITY-ST-ZIP	QUINCY, FL 32351
TITLE	VD
NAME	DUROCHER, ROBERT
STREET ADDRESS	34 GILCREASE LANE
CITY-ST-ZIP	QUINCY, FL 32351
TITLE	STD
NAME	COXEN, SUSAN S
STREET ADDRESS	110 GILCREASE LN
CITY-ST-ZIP	QUINCY, FL 32351
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Dayle Coxen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-17-08 850-440-5635*

Date

Daytime Phone #