

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12835

FILED
Jan 18, 2009
Secretary of State

Entity Name: MIMS PLANTATION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

110 GILCREASE LANE
QUINCY, FL 32351 US

New Principal Place of Business:

34 GILCREASE LANE
QUINCY, FL 32351 US

Current Mailing Address:

P.O. BOX 724
QUINCY, FL 32353 US

New Mailing Address:

FEI Number: 59-2690801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COXEN, DAYLE
110 GILCREASE LANE
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

DUROCHER, ROBERT
34 GILCREASE LANE
QUINCY, FL 32351 US

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: ROBERT DUROCHER

01/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COXEN, DAYLE
Address: 110 GILCREASE LANE
City-St-Zip: QUINCY, FL 32351

Title: VD () Delete
Name: DUROCHER, ROBERT
Address: 34 GILCREASE LANE
City-St-Zip: QUINCY, FL 32351

Title: STD () Delete
Name: COXEN, SUSAN S
Address: 110 GILCREASE LN
City-St-Zip: QUINCY, FL 32351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DUROCHER, ROBERT
Address: 34 GILCREASE LANE
City-St-Zip: QUINCY, FL 32351

Title: VD (X) Change () Addition
Name: WEATHERFORD, MAJORY
Address: 206 GILCREASE LANE
City-St-Zip: QUINCY, FL 32351

Title: STD (X) Change () Addition
Name: DUROCHER, NANCY
Address: 34 GILCREASE LN
City-St-Zip: QUINCY, FL 32351

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT DUROCHER

PD

01/18/2009

Electronic Signature of Signing Officer or Director

Date