

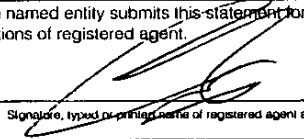
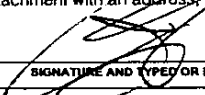


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90056 002 ****61.25

DOCUMENT # N05000010711 1. Entity Name ARCHER LANE CONDOMINIUM ASSN., INC.					
Principal Place of Business 3037 SW ARCHER ROAD GAINESVILLE, FL 32608				Mailing Address 3037 SW ARCHER ROAD GAINESVILLE, FL 32608	
2. Principal Place of Business 201 S.W. 2ND ST		3. Mailing Address 201 S.W. 2ND ST			
Suite, Apt. #, etc. SUITE 101		Suite, Apt. #, etc. SUITE 101			
City & State Ocala FL		City & State Ocala FL			
Zip 34474		Zip 34474			
Country USA		Country USA		02012006 Chg-NP CR2E037 (11/05)	
4. FEI Number 20-3377781				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 JOHNSON, CARL L 3037 SW ARCHER ROAD GAINESVILLE, FL 32608				7. Name and Address of New Registered Agent Name PHILIP J. OLSTEIN Street Address (P.O. Box Number is Not Acceptable) 201 S.W. 2ND ST SUITE 101 SUITE 101 City Ocala FL Zip Code 34474	
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  PHILIP J. OLSTEIN 2/13/06 <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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KAPLAN, ANDREW P.O. BOX 13893 GAINESVILLE, FL 32604	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PHILIP J. OLSTEIN 201 S.W. 2ND ST SUITE 101 Ocala FL 34474
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KAPLAN, CHERYL P.O. BOX 13893 GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MATTHEW SMITH 3037 S.W. ARCHER RD GAINESVILLE, FL 32608
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CULLEN, STUART P.O. BOX 13893 GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST VERONICA HALBY ASKEW 3025 S.W. ARCHER RD GAINESVILLE, FL 32608
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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				
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:  PHILIP J. OLSTEIN 2/13/06 (352) 351-3770 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					