

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90001 003 ****61.25

DOCUMENT # N05000010711

1. Entity Name
ARCHER LANE CONDOMINIUM ASSN., INC.



Principal Place of Business

201 S.W. 2ND ST
STE. 101
OCALA, FL 34474

Mailing Address

201 S.W. 2ND ST
STE. 101
OCALA, FL 34474

40025155



02132007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3377781

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLSTEIN, PHILIP J
201 S.W. 2ND ST
STE. 101
OCALA, FL 34474

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
OLSTEIN, PHILIP J
201 S.W. 2ND ST., STE. 101
OCALA, FL 34474

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVP
SMITH, MATTHEW
3037 S.W ARCHER RD
GAINESVILLE, FL 32608

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DST
HALGY ASKEW, VERONICA
3025 S.W ARCHER RD.
GAINESVILLE, FL 32608

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/07

Date

(852) 351-3770

Daytime Phone #