

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 757624**

1. Entity Name  
**THE STARTING GATE OFFICE COMPLEX  
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**2801 SW COLLEGE RD  
SUITE 9  
OCALA, FL 34474**

Mailing Address  
**2801 SW COLLEGE RD  
SUITE 9  
OCALA, FL 34474**



02212006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2247198**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent

**MACKAY, DAVID L  
2801 SW COLLEGE RD  
SUITE 9  
OCALA, FL 34474**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10000001454368  
03/15/06-30012-019 61.25**

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MACKAY, DAVID L<br>2801 SW COLLEGE RD, SUITE 9<br>OCALA, FL 34474 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DAY, DOUGLAS<br>2801 SW COLLEGE RD, SUITE 13<br>OCALA, FL 34474   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JESRANI, M U<br>1052 SE 54TH AVE<br>OCALA, FL 34471               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:** *David L. Mackay, Director* **2/21/06** **352-237-3800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #