2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # 757624

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

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

DO NOT WRITE IN THIS SPACE

01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2247198
☐ Applied For
☐ Not Applicable

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

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 _____
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, 2008

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

U00000814156
02/13/08 00033 005 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MACKAY, DAVID L
STREET ADDRESS	2801 SW COLLEGE RD, SUITE 9
CITY-ST-ZIP	OCALA, FL 34474
TITLE	D
NAME	DAY, DOUGLAS
STREET ADDRESS	2801 SW COLLEGE RD, SUITE 13
CITY-ST-ZIP	OCALA, FL 34474
TITLE	D
NAME	JESRANI, M U
STREET ADDRESS	1052 SE 54TH AVE
CITY-ST-ZIP	OCALA, FL 34471
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: David L. Mackay Director 2/1/08 352-237-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #