2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2006 8:00 am Secretary of State

DOCUMENT # N9800007061 1. Entity Name OAK HAMMOCK AT THE UNIVERSITY OF FLORIDA, INC.							04-24-20	006 90343 (006 ****61	.25	
Principal Place of Business 5100 SW 25TH BLVD 5100 SW 25TH BLVD GAINESVILLE, FL 32608 Mailing Address 5100 SW 25TH BLVD GAINESVILLE, FL 32608				8)		111 1 1 11 1	
2. Principal Place of Business		3. Mailii	3. Mailing Address								
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			0407200	6 Chg-NP	CR2E	037 (11/05)		
City & State		City	City & State				4. FEI Number Applied For 59-3562098 Not Applicable				
Zip	Country		Zip Cou		intry	5. Certificate of Status		sired 🔲	\$8.75 Add Fee Required		
	6. Name and Address of	Current Registered	Agent			7. Name a	nd Address of	New Registere	d Agent		
DDAM I E	SHED				Name K	2. David	Sta	with	er		
BRAM, LESLIE D 2012 W. UNIVERSITY AVE. 200 E. GAINES ST.					Street Add	dress (P.O. Box Nur	(P.O. Box Number is Not Acceptable)				
	LLE, FL 32603		5100			00 5W	SW 25th Blvd.				
					cit/Sa	Ganesville FL 32208					
the obligati	named entity submits this stations of registered agent.	luc						e of Florida. I a	<u>.</u>	and accept	
	Signature, typed or printed name of regis	stered agent and title if appli	cable. (NOTE	:: Registere	d Agent signature	required when reinstating)		DATE	•		
	Signature, typed or printed raffe of regis Filling Fee is \$61.25 Due by May 1, 2006	stered agent and title if appli	9. Election Car Trust Fund C	npaign F	inancing	\$5.00 Ma	y Be	Make che	eck payable to artment of St		
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS	s AND DIRECTORS	9. Election Car	npaign F	inancing ion.	\$5.00 Ma Added to Fe	y Be	Make che Florida Dep	eck payable to artment of St	tate	
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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 OFFICE OR PRECTOR