

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

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

04-24-2006 90343 006 \*\*\*\*61.25

**60028845**



<b>DOCUMENT # N98000007061</b>					
1. Entity Name OAK HAMMOCK AT THE UNIVERSITY OF FLORIDA, INC.					
Principal Place of Business 5100 SW 25TH BLVD GAINESVILLE, FL 32608		Mailing Address 5100 SW 25TH BLVD GAINESVILLE, FL 32608			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3562098	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRAM, LESLIE D 2012 W. UNIVERSITY AVE. 200 E. GAINES ST. GAINESVILLE, FL 32603			7. Name and Address of New Registered Agent Name <u>R. David Stauffer</u> Street Address (P.O. Box Number is Not Acceptable) <u>5100 SW 25th Blvd</u> City <u>Gainesville</u> FL <u>32608</u>		
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 <u>[Signature]</u> 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, 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	<u>PD D</u>	TITLE	<u>D</u>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	REMBERT, DAVIS M JR.	NAME	Marsiske, Michael		
STREET ADDRESS	NW CR 239	STREET ADDRESS	P.O. Box 100165		
CITY-ST-ZIP	ALACHUA, FL 32611/6	CITY-ST-ZIP	Gainesville FL 32610-0165		
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	VPD <input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BRAM, LESLIE D	NAME	Holloway, Samuel N. Sr		
STREET ADDRESS	1938 W UNIVERSITY AVENUE	STREET ADDRESS	500 NW 43RD St. Suite 3		
CITY-ST-ZIP	GAINESVILLE, FL 32603	CITY-ST-ZIP	Gainesville FL 32607		
TITLE	STD <input type="checkbox"/> Delete	TITLE	<u>D</u> <input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	FRANK, ROBERT G DEAN	NAME	Long, Kathleen A.		
STREET ADDRESS	ROOM 4101 HPNP BLDG BOX 100185	STREET ADDRESS	HPNP Complex Room 4234A		
CITY-ST-ZIP	GAINESVILLE, FL 32610	CITY-ST-ZIP	Gainesville FL 32611		
TITLE	<u>PPD</u> <input type="checkbox"/> Delete	TITLE	<u>D</u> <input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	SCHAFFER, GERALD	NAME	Machen, James B		
STREET ADDRESS	8801 SW 45TH BLVD	STREET ADDRESS	226 Tigert Hall		
CITY-ST-ZIP	GAINESVILLE, FL 32608	CITY-ST-ZIP	Gainesville FL 32611		
TITLE	<u>D</u> <input checked="" type="checkbox"/> Delete	TITLE	<u>D</u> <input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	LEVITT, ROBERT A	NAME	Padgett, Don		
STREET ADDRESS	10318 SW 22ND AVENUE	STREET ADDRESS	910 A 3RD ST.		
CITY-ST-ZIP	GAINESVILLE, FL 32607	CITY-ST-ZIP	Neptune Beach FL 32266		
TITLE	<u>D</u> <input checked="" type="checkbox"/> Delete	TITLE	<u>D</u> <input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	DE LANEY, PAULA	NAME	Tibbs, Ester		
STREET ADDRESS	75 SW 23RD WAY	STREET ADDRESS	P.O. Box 390 (ID#3)		
CITY-ST-ZIP	GAINESVILLE, FL 32607	CITY-ST-ZIP	Gainesville FL 32602-0390		
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: <u>[Signature]</u>		Date: <u>4/18/06</u>		Daytime Phone #: <u>352-377-2750</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					