


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90056 022 ****61.25

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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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04172007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
59-3562098

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**STAUFFER, R. DAVID
 5100 SW 25TH BLVD
 GAINESVILLE, FL 32608**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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**

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REMBERT, DAVIS M JR. NW CR 239 ALACHUA, FL 32616 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOLLOWAY, SAMUEL N SR 500 NW 43RD ST., STE 3 GAINESVILLE, FL 32607 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FRANK, ROBERT G DEAN ROOM 4101 HPNP BLDG BOX 100185 GAINESVILLE, FL 32610 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHAFER, GERALD 8801 SW 45TH BLVD GAINESVILLE, FL 32608 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PADGETT, DON 910 A 3RD ST NEPTUNE BEACH, FL 32266 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACHEN, JAMES B 226 TOGERT HALL GAINESVILLE, FL 32611 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSISKE, MICHAEL PO BOX 100165 RM 3151, 101 NEWELL DRIVE GAINESVILLE, FL 32610-0165 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, EL ROY 2734 SW 4TH PLACE GAINESVILLE, FL 32607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, KATHLEEN A HPNP COMPLEX ROOM 4234A GAINESVILLE, FL 32611 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEED, DENNY 6815 SW 35TH WAY GAINESVILLE, FL 32608 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAINWATER, CARLOS 9614 SW 54TH ROAD GAINESVILLE, FL 32608 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIBBS, ESTER PO BOX 390 10#3 GAINESVILLE, FL 32602-0390 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:  **4/19/07** **(352) 548-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF MONITORING OFFICER OR DIRECTOR Date Daytime Phone #