

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# N98000007061

Entity Name: OAK HAMMOCK AT THE UNIVERSITY OF FLORIDA, INC.

Current Principal Place of Business:

5100 SW 25TH BLVD
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

5100 SW 25TH BLVD
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 59-3562098 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DAVEY, ANDREW J
5100 SW 25TH BLVD
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POPPELL, JOHN E
Address: 6125 NW 58TH PLACE
City-St-Zip: GAINESVILLE, FL 32653

Title: VPD () Delete
Name: DORMAN, STEVE M
Address: 4928 NW 55TH STREET
City-St-Zip: GAINESVILLE, FL 32653

Title: STD () Delete
Name: O'NEIL, GERALD T SR.
Address: 519 SW 226 STREET
City-St-Zip: NEWBERRY, FL 32669

Title: D () Delete
Name: DEFORD, JAMES W
Address: 2831 NW 58TH BLVD
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: PADGETT, DON
Address: 910 A 3RD ST
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: D () Delete
Name: GOFORTH, SAMUEL H
Address: 7820 NW 20TH LANE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CEO (X) Change () Addition
Name: FERGUSON, CATHERINE C
Address: 8168 ALDERMAN ROAD
City-St-Zip: MELROSE, FL 32666

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW J. DAVEY

RA

04/01/2009

Electronic Signature of Signing Officer or Director

Date