

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000007061

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

**Current Principal Place of Business:**

5100 SW 25TH BLVD  
GAINESVILLE, FL 32608

**Current Mailing Address:**

5100 SW 25TH BLVD  
GAINESVILLE, FL 32608 US

**FEI Number: 59-3562098**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title DIRECTOR  
Name BROWN, DONNA S.  
Address P.O. BOX 530  
City-State-Zip: NEWBERRY FL 32669

Title CHAIRMAN  
Name RUSSELL, JUDITH  
Address 516 NE 4TH STREET  
City-State-Zip: GAINESVILLE FL 32601

Title SECRETARY & TREASURER  
Name MCKEE, MICHAEL V  
Address 3910 NW 67TH PLACE  
City-State-Zip: GAINESVILLE FL 32653

Title VC  
Name GEAREN, PETER F  
Address 12221 SW 89TH ST  
City-State-Zip: GAINESVILLE FL 32608

Title CEO  
Name CANNADAY, TROY L  
Address 5100 SW 25TH BLVD  
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR  
Name JOPLING, JOHN D  
Address 2631 NW 41ST STREET  
SUITE B  
City-State-Zip: GAINESVILLE FL 32606

*I hereby 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 all other like empowered.*

**SIGNATURE: TROY L CANNADAY**

**CEO**

**02/03/2021**

Electronic Signature of Signing Officer/Director Detail

Date