2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90343 006 ****61.25

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

60028845

Principal Place of Business	Mailing Address
5100 SW 25TH BLVD GAINESVILLE, FL 32608	5100 SW 25TH BLVD GAINESVILLE, FL 32608

04072006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	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	7. Name and Address of New Registered Agent
BRAM, LESLIE D 2012 W. UNIVERSITY AVE. 200 E. GAINES ST. GAINESVILLE, FL 32603	Name R. David Stauffer Street Address (P.O. Box Number is Not Acceptable) 5100 SW 25th Blvd City Gainesville FL Zip Code 32608

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, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ D REMBERT, DAVIS M JR. NW CR 239 ALACHUA, FL 32615		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Marsiske, Michael PO Box 100165 Gainesville FL 32610-0165	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BRAM, LESLIE D 1938 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Holloway, Samuel N. Sr 500 NW 43RD St. Suite 3 Gainesville FL 32607	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD FRANK, ROBERT G DEAN ROOM 4101 HPNP BLDG BOX 100185 GAINESVILLE, FL 32610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Long, Kathleen A. HPNP Complex Room 4234A Gainesville FL 32611	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P~~ PD SCHAFFER, GERALD 8801 SW 45TH BLVD GAINESVILLE, FL 32608	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Machen, James B. 226 Tigert Hall Gainesville FL 32611	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEVITT, ROBERT A 10318 SW 22ND AVENUE GAINESVILLE, FL 32607	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Padgett Don 910A 3RD ST. Neptune Beach FL 32266	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE LANEY, PAULA 75 SW 23RD WAY GAINESVILLE, FL 32607	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Tibbs, Ester P.O. Box 390 (ID#3) Gainesville FL 32602-0390	☐ Change ☒ 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: Samuel Schaffer 4/18/06 352-373-2750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #