


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90054 036 ****70.00

DOCUMENT # N94000005527 1. Entity Name HBHCI HUD 4, INC.					
Principal Place of Business PO BOX 428 NEW PORT RICHEY, FL 34656-0428			Mailing Address PO BOX 428 NEW PORT RICHEY, FL 34656-0428		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3299259	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TORRENCE, ALFRED W JR 6845 RIDGE ROAD PORT RICHEY, FL 34668					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	DP RICKUS, IRENE K 7809 MASSACHUSETTS AVE NEW PORT RICHEY, FL 34653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HELIE, KING 3707 CORSAIR CT NEW PORT RICHEY, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DENNIS, MARIE 7809 MASSACHUSETTS AVE NEW PORT RICHEY, FL 34653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAUTHIER, A. RUTH 6936 MESA VERDE STREET PORT RICHEY, FL 34668		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TODARO, MAUREEN 1740 FAIRFIELD ST. HOLIDAY, FL 34691		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNETT, BEVERLY 6220 MISSOURI AVE. NEW PORT RICHEY, FL 34653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC D <input checked="" type="checkbox"/> Change <input 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: <i>Beverly Barnett</i>			2/27/06 727-841-4200		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		



ATTACHMENT 40028637
#1194000005527

THE HARBOR BEHAVIORAL HEALTH CARE INSTITUTE, INC.

P.O. BOX 428, NEW PORT RICHEY, FL 34656-0428 (727) 841-4200 FAX (727) 841-4354 WWW.THEHARBOR-BHCI.ORG

March 9, 2006

Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

RE: Enclosed Annual Report Renewals

To Whom It May Concern:

Please send the requested Certificates of Status to the attention of Debi Ulrey, Contracts, Harbor BHCI, Inc., P.O. Box 428, New Port Richey, FL, 34656.

If there are any questions, please contact me at (727) 841-4207, ext 226 or e-mail at Debi.Ulrey@baycare.org.

Thank you.

Sincerely,

Debi Ulrey
Contracts

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Enclosures