

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005527

Entity Name: HBHCI HUD 4, INC.**Current Principal Place of Business:**7809 MASSACHUSETTS AVE
NEW PORT RICHEY, FL 34653**Current Mailing Address:**PO BOX 428
NEW PORT RICHEY, FL 34656-0428**FEI Number:** 59-3299259**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOE, MELANIE
7809 MASSACHUSETTS AVE
NEW PORT RICHEY, FL 34653 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:** MELANIE MOE

01/08/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	CHESNUT, PHILLIP H
Address	P.O. BOX 2057
City-State-Zip:	NEW PORT RICHEY FL 34656

Title	CHAIRMAN
Name	BARNETT, BEVERLY
Address	6709 RIDGE RD SUITE 101
City-State-Zip:	PORT RICHEY FL 34668

Title	S
Name	TORRENCE, ALFRED WJR
Address	7632 MASSACHUSETTS AVE
City-State-Zip:	PORT RICHEY FL 34653

Title	VICE CHAIR
Name	BUTLER, BILL
Address	5206 BAYSHORE BLVD
City-State-Zip:	TAMPA FL 33611

Title	DIRECTOR
Name	FOSTER, JOHN
Address	4202 WATER AOKS LN
City-State-Zip:	TAMPA FL 33618

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: JOHN FOSTER**DIRECTOR**

01/08/2021

Electronic Signature of Signing Officer/Director Detail

Date