

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007250

FILED
Jan 08, 2009
Secretary of State

Entity Name: HBHCI HUD 8, INC.

Current Principal Place of Business:

7809 MASSACHUSETTS AVENUE
PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

POB 428
NEW PORT RICHEY, FL 34656

New Mailing Address:

FEI Number: 59-3692577 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRENCE, ALFRED W JR.
6645 RIDGE ROAD
PORT RICHEY, FL 34668 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: CD () Delete
Name: LEONARDO, DOUGLAS
Address: 4601 FARMHOUSE DR
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: OLDS, SUSAN
Address: 1278 CLAYS TRAIL
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: HELIE, KING
Address: 3707 CORSAIR COURT
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VCD () Delete
Name: BARNETT, BEVERLY R
Address: 6220 MISSOURI AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: DST () Delete
Name: DENNIS, MARIE
Address: 1913 DARTMOUTH DR
City-St-Zip: HOLIDAY, FL 34691

Title: D () Delete
Name: CHESTNUT, PHILLIP
Address: 6331 GARLAND CT
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LEONARDO, DOUGLAS
Address: 4601 FARMHOUSE DR
City-St-Zip: TAMPA, FL 33624

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

Title: CD (X) Change () Addition
Name: HELIE, KING
Address: 3707 CORSAIR COURT
City-St-Zip: NEW PORT RICHEY, FL 34652

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: SUSAN OLDS

D

01/08/2009

Electronic Signature of Signing Officer or Director

_____ Date