

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005416

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: HBHCI HUD 2, INC.

## Current Principal Place of Business:

7809 MASSACHUSETTS AVE  
NEW PT RICHEY, FL 34653 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 428  
NEW PORT RICHEY, FL 346560428 US

## New Mailing Address:

FEI Number: 59-3212744

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 RD.  
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 DRIVE  
City-St-Zip: TAMPA, FL 33624

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

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

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

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

Title: D ( ) Delete  
Name: CHESTNUT, PHILLIP  
Address: 6331 GARLAND COURT  
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 DRIVE  
City-St-Zip: TAMPA, FL 33624

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

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

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

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