

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005417 (1)

1. Corporation Name

HBHCI HUD 3, INC.

Principal Place of Business

2739 U.S. HWY. 19
HOLIDAY FL 34691
US

Mailing Address

P.O. BOX 428
NEW PORT RICHEY FL 34656-0428



3. Date Incorporated or Qualified

11/30/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

*TORRENCE, ALFRED W. JR.
6845 RIDGE RD.
PORT RICHEY FL 34668

4. FEI Number

59-3212745

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME LAPORTE, CRAIG
STREET ADDRESS 1535 CANDLELIGHT COURT
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE ~~DP~~ ☒ DELETE

NAME ~~BROWN, FRANK SR.~~
STREET ADDRESS ~~408 SOUTH JACKSON ST.~~
CITY-ST-ZIP ~~DADE CITY FL~~

TITLE ~~DST~~ ☐ DELETE

NAME HELIE, KING
STREET ADDRESS 3707 CORSAIR COURT
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE ~~D~~ ☒ DELETE

NAME ~~ALDRIDGE, DANIEL E.~~
STREET ADDRESS ~~7080 MANDY LANE~~
CITY-ST-ZIP ~~NEW PORT RICHEY FL~~

TITLE D ☐ DELETE

NAME GAUTHIER, A. RUTH
STREET ADDRESS 6936 MESA VERDE ST.
CITY-ST-ZIP PORT RICHEY FL

TITLE ~~D~~ ☐ DELETE

NAME SWANN, KENNETH J.
STREET ADDRESS 10481 LITTLE RD.
CITY-ST-ZIP PORT RICHEY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☒ Addition
D Chestnut, Philip H. 4983 GLENN DRIVE
P.O. Box 2057
NEW PORT RICHEY, FL 34656 34652
DVP ☒ Change ☐ Addition

☒ Change ☒ Addition
D Mouch, Monsignor Frank M.
ST. ALO COLLEGE 5344 SAND CRANE
WEEKLEY CHAPEL, FL.
P.O. Box 2187 SL 460, FL 33574 33543
☐ Change ☐ Addition

600001887056
-07/09/96--01027--004
***70.00

☒ Change ☐ Addition

DST

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96

Date

Daytime Phone #

CR2E037 (12/95)