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May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
2739 U.S. HWY. 19 HOLIDAY FL 34691 US	P.O. BOX 428 NEW PORT RICHEY FL 34656-0428

3. Date Incorporated or Qualified: **11/30/1993**
3a. Date of Last Report: **07/08/1996**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) / Country (30)

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

9. Name and Address of Current Registered Agent

TORRENCE, ALFRED W JR.
6645 RIDGE RD.
PORT RICHEY FL 34668

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LAPORTE, CRAIG A. Esq.		1.2 NAME		
STREET ADDRESS	~~1535 CANDLELIGHT COURT~~		1.3 STREET ADDRESS	6435 DRAKE COURT	
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHESTNUT, PHILIP H		2.2 NAME		
STREET ADDRESS	4932 GLENN DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PT. RICHEY FL 34652		2.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HELIE, KING		3.2 NAME		
STREET ADDRESS	3707 CORSAIR COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		3.4 CITY-ST-ZIP		
TITLE	~~D~~	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	~~MOUCH, FRANK M~~		4.2 NAME	Malarkey-Stalland, Patricia	
STREET ADDRESS	~~5344 SAND CRANE~~		4.3 STREET ADDRESS	8012 Pineapple Lane	
CITY-ST-ZIP	~~WESLEY CHAPLEY FL 33543~~		4.4 CITY-ST-ZIP	Port Richey, Fl. 34668	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GAUTHIER, A. RUTH		5.2 NAME		
STREET ADDRESS	6936 MESA VERDE ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL		5.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SWANN, KENNETH J.		6.2 NAME		
STREET ADDRESS	10481 LITTLE RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

(813)