

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000005417

1. Entity Name
HBHCI HUD 3, INC.



Principal Place of Business
**7809 MASSACHUSETTS AVE
NEW PT RICHEY, FL 34653 US**

Mailing Address
**P.O. BOX 428
NEW PORT RICHEY, FL 34656-0428**



01112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3212745

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BARNETT, BEVERLY
6220 MISSOURI AVE
NEW PORT RICHEY, FL 34653**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
DENNIS, MARIE
7809 MASSACHUSETTS AVE
NEW PORT RICHEY, FL 34653**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NORRIS, DONNA
13288 DRYSDALE ST
SPRING HILL, FL 34609**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TODARO, MAUREEN
1740 FAIRFIELD ST
HOLIDAY, FL 34691**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
RICKUS, IRENE
7809 MASSACHUSETTES AVE
NEW PORT RICHEY, FL 34653**

U000000191095
01/24/05-80160-019 70.00

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IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donna Norris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/05 727-841-4207 306
Date Daytime Phone #