# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 13, 2006 8:00 am**
**Secretary of State**
03-13-2006 90054 035 ****70.00

DOCUMENT # N93000005417

1. Entity Name
HBHCI HUD 3, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 7809 MASSACHUSETTS AVE<br>NEW PT RICHEY, FL 34653 US | P.O. BOX 428<br>NEW PORT RICHEY, FL 34656-0428 |

02242006 Chg-NP CR2E037 (11/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

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 | 7. Name and Address of New Registered Agent |
|---|---|
| TORRENCE, ALFRED W JR.<br>6645 RIDGE RD.<br>PORT RICHEY, FL 34668 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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

**Filing Fee is $61.25**
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BARNETT, BEVERLY<br>6220 MISSOURI AVE<br>NEW PORT RICHEY, FL 34653 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VC D | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>HELIE, KING<br>3707 CORSAIR COURT<br>NEW PORT RICHEY, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DST<br>DENNIS, MARIE<br>7809 MASSACHUSETTS AVE<br>NEW PORT RICHEY, FL 34653 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NORRIS, DONNA<br>13288 DRYSDALE ST<br>SPRING HILL, FL 34609 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TODARO, MAUREEN<br>1740 FAIRFIELD ST<br>HOLIDAY, FL 34691 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>RICKUS, IRENE<br>7809 MASSACHUSETTES AVE<br>NEW PORT RICHEY, FL 34653 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | C D | ☑ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** _____ 2/27/06 727-841-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT 400286638
#N93000005417

BAYCARE
TheHarbor
BehavioralHealth

THE HARBOR BEHAVIORAL HEALTH CARE INSTITUTE, INC.
P.O. BOX 428, NEW PORT RICHEY, FL 34656-0428 (727) 841-4200 FAX (727) 841-4354 WWW.THEHARBOR-BHCI.ORG

March 9, 2006

Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

RE: Enclosed Annual Report Renewals

To Whom It May Concern:

Please send the requested Certificates of Status to the attention of Debi Ulrey, Contracts, Harbor BHCI, Inc., P.O. Box 428, New Port Richey, FL, 34656.

If there are any questions, please contact me at (727) 841-4207, ext 226 or e-mail at Debi.Ulrey@baycare.org.

Thank you.

Sincerely,

Debi Ulrey
Contracts

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Enclosures

Partially funded by Pasco County, Hernando County, United Way of Pasco County, HUD and the City of Tampa, Area Agency on Aging of Pasco-Pinellas, Inc., the U.S. Department of Education, and the State of Florida Departments of Children and Families, Juvenile Justice, Health, Education and Elder Affairs.