

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # N93000005417 1. Entity Name HBHCI HUD 3, INC.	
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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
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01302008 No Chg-NP

CR2E037 (4/06)

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. 6645 RIDGE RD. PORT RICHEY, FL 34668
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**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.

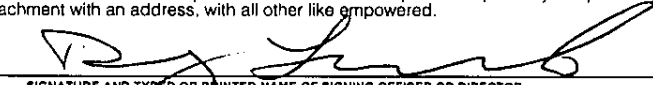
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	UN00000911401 05/07/08-80038-014 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BARNETT, BEVERLY 6220 MISSOURI AVE NEW PORT RICHEY, FL 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 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	CD LEONARDO, DOUGLAS 4601 FARMHOUSE DR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLDS, SUSAN 1278 CLAYS TRAIL OLDSMAR, FL 34677

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IN THIS SPACE**

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:  **4-14-08 727-816-9851**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #