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.

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

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

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 _____ 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, 2008

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

000000911401
05/07/08-80038-014 61.25

10. OFFICERS AND DIRECTORS

TITLE	VCD
NAME	BARNETT, BEVERLY
STREET ADDRESS	6220 MISSOURI AVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	D
NAME	HELIE, KING
STREET ADDRESS	3707 CORSAIR COURT
CITY-ST-ZIP	NEW PORT RICHEY, FL
TITLE	DST
NAME	DENNIS, MARIE
STREET ADDRESS	7809 MASSACHUSETTS AVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	D
NAME	NORRIS, DONNA
STREET ADDRESS	13288 DRYSDALE ST
CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	CD
NAME	LEONARDO, DOUGLAS
STREET ADDRESS	4601 FARMHOUSE DR
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	D
NAME	OLDS, SUSAN
STREET ADDRESS	1278 CLAYS TRAIL
CITY-ST-ZIP	OLDSMAR, FL 34677

DO NOT WRITE 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 #