

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005417

FILED
Jan 08, 2009
Secretary of State

Entity Name: HBHCI HUD 3, INC.

Current Principal Place of Business:

7809 MASSACHUSETTS AVE
NEW PT RICHEY, FL 34653 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 428
NEW PORT RICHEY, FL 346560428

New Mailing Address:

FEI Number: 59-3212745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VCD () Delete
Name: BARNETT, BEVERLY
Address: 6220 MISSOURI AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D () Delete
Name: HELIE, KING
Address: 3707 CORSAIR COURT
City-St-Zip: NEW PORT RICHEY, FL

Title: DST () Delete
Name: DENNIS, MARIE
Address: 7809 MASSACHUSETTS AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D () Delete
Name: NORRIS, DONNA
Address: 13288 DRYSDALE ST
City-St-Zip: SPRING HILL, FL 34609

Title: CD () Delete
Name: LEONARDO, DOUGLAS
Address: 4601 FARMHOUSE DR
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: OLDS, SUSAN
Address: 1278 CLAYS TRAIL
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: HELIE, KING
Address: 3707 CORSAIR COURT
City-St-Zip: NEW PORT RICHEY, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LEONARDO, DOUGLAS
Address: 4601 FARMHOUSE DR
City-St-Zip: TAMPA, FL 33624

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN OLDS

D

01/08/2009

Electronic Signature of Signing Officer or Director

Date