

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005527 (6)

1. Corporation Name

HBHCI HUD 4, INC.

APPROVED
AND
FILED

MAY -1 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

PO BOX 428
NEW PORT RICHEY FL 34656-0428

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NEW PORT RICHEY FL 34656-0428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

11/04/1994

4. FEI Number

Applied For

59-3299259

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

TORRENCE, ALFRED W JR
6645 RIDGE ROAD
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person or persons authorized to sign this report

NOTE: Registered Agent signature not required when submitting

DATA

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

B+
LAPORTE, CRAIG
1535 CANDLELIGHT COURT
NEW PORT RICHEY FL 34652

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

B+
BROWN, FRANK SR
406 S JACKSON STREET
DADE CITY FL 34526

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

B+
HELIE, KING
3707 CORSAIR CT
NEW PORT RICHEY FL 34652

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

D
ALDRIDGE, DANIEL
7050 MANDY LANE
NEW PORT RICHEY FL 34652

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

D
GAUTHIER, A. RUTH
6936 MESA VERDE STREET
PORT RICHEY FL 34668

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

D
MALARKEY, PATRICIA F
8012 PINEAPPLE LAND
PORT RICHEY FL 34668

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

b/p

☒ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

D/vp

☒ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

D/ST

☒ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. RUTH GAUTHIER

4-25-95 (813) 847-2411