FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **N94000005527 (6)**

1. Corporation Name

HBHCI HUD 4, INC.

Principal Place of Business	Mailing Address
PO BOX 428 NEW PORT RICHEY FL 34656-0428	PO BOX 428 NEW PORT RICHEY FL 34656-0428

3. Date Incorporated or Qualified: **11/04/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: **59-3299259** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
City & State — 23:
City & State — 28:
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24: Country — 25:
Zip — 29: Country — 30:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LAPORTE, CRAIG		1.2 NAME		
STREET ADDRESS	1535 CANDLELIGHT COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-ST-ZIP		
TITLE	~~DVP~~	☒ DELETE	2.1 TITLE	DST	☒ Change ☒ Addition
NAME	~~BROWN, FRANK SR~~		2.2 NAME	SWANN, KENNETH S.	
STREET ADDRESS	~~406 S JACKSON STREET~~		2.3 STREET ADDRESS	7420 RHINEBECK DR.	
CITY-ST-ZIP	~~DADE CITY FL~~		2.4 CITY-ST-ZIP	Port Richey, FL 34668	
TITLE	~~DST~~	☐ DELETE	3.1 TITLE	DVP	☒ Change ☐ Addition
NAME	HELIE, KING		3.2 NAME		
STREET ADDRESS	3707 CORSAIR CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D	☒ Change ☒ Addition
NAME	~~ALDRIDGE, DANIEL~~		4.2 NAME	Mouch, MONSIGNOR FRANK M.	
STREET ADDRESS	~~7050 MANDY LANE~~		4.3 STREET ADDRESS	St. LEO College	
CITY-ST-ZIP	~~NEW PORT RICHEY FL 34652~~		4.4 CITY-ST-ZIP	P.O. BOX 2187 St. LEO FL 33574	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GAUTHIER, A. RUTH		5.2 NAME		
STREET ADDRESS	6936 MESA VERDE STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL 34668		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MALARKEY, PATRICIA F		6.2 NAME		
STREET ADDRESS	8012 PINEAPPLE LAND		6.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL 34668		6.4 CITY-ST-ZIP		

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 119.07(3)(k), 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: _____ 4-16-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)