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FILED  
May 07 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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NEW PORT RICHEY FL 34656-0428

3. Date Incorporated or Qualified  
11/04/1994

3a. Date of Last Report  
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-3299259

Applied For  
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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TORRENCE, ALFRED W JR  
6845 RIDGE ROAD  
PORT RICHEY FL 34668

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME LAPORTE, CRAIG A. Esq.  
STREET ADDRESS 1605 CANDLELIGHT COURT  
CITY-ST-ZIP NEW PORT RICHEY FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS W35 DRAKE COURT  
1.4 CITY-ST-ZIP

TITLE DST  
NAME SWANN, KENNETH J.  
STREET ADDRESS 7420 RHINEBECK DR  
CITY-ST-ZIP PORT RICHEY FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DVP  
NAME HELIE, KING  
STREET ADDRESS 3707 CORSAIR CT  
CITY-ST-ZIP NEW PORT RICHEY FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ~~D~~  
NAME ~~MOUCH, MONSIGNOR FRAN~~  
STREET ADDRESS ~~ST LEO COLLEGE P.O. BOX 2187~~  
CITY-ST-ZIP ~~ST LEO FL~~

4.1 TITLE  
4.2 NAME D Malarkey-Stallard, PATRICIA  
4.3 STREET ADDRESS 8012 Pineapple Lane  
4.4 CITY-ST-ZIP Port Richey, FL 34668

TITLE D  
NAME GAUTHIER, A. RUTH  
STREET ADDRESS 6836 MESA VERDE STREET  
CITY-ST-ZIP PORT RICHEY FL 34668

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME MALARKEY, PATRICIA F  
STREET ADDRESS 8012 PINEAPPLE LAND  
CITY-ST-ZIP PORT RICHEY FL 34668

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, 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.

(P13)

CR2E037 (9/96)