2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000005527

1. Entity 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

01112005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3299259
☐ 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 ROAD
PORT RICHEY, FL 34668

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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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RICKUS, IRENE K
STREET ADDRESS	7809 MASSACHUSETTS AVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	DVP
NAME	HELIE, KING
STREET ADDRESS	3707 CORSAIR CT
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	GAUTHIER, A. RUTH
STREET ADDRESS	6936 MESA VERDE STREET
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	D
NAME	TODARO, MAUREEN
STREET ADDRESS	1740 FAIRFIELD ST.
CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE	D
NAME	BARNETT, BEVERLY
STREET ADDRESS	6220 MISSOURI AVE.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653

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01/24/05-80160-018 70.00

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12. I 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 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: Irene K Rickus 1/12/05 727-841-8207-306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #