

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 AUG 20 PM 1:50

CLERK OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005527

1. Entity Name  
HBHCI HUD 4, INC.



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

Mailing Address  
PO BOX 428  
NEW PORT RICHEY, FL 34656-0428



2. Principal Place of Business - No P O Box #

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

07182007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-3299259

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P O Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

200108855962  
08/31/07--01005--013 \*\*61.25

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees



10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	RICKUS, IRENE K	
STREET ADDRESS	7809 MASSACHUSETTS AVE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	D	<input type="checkbox"/> Delete
NAME	HELIE, KING	
STREET ADDRESS	3707 CORSAIR CT	
CITY-ST-ZIP	NEW PORT RICHEY, FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	DENNIS, MARIE	
STREET ADDRESS	7809 MASSACHUSETTS AVE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TODARO, MAUREEN	
STREET ADDRESS	1740 FAIRFIELD ST.	
CITY-ST-ZIP	HOLIDAY, FL 34691	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	BARNETT, BEVERLY	
STREET ADDRESS	6220 MISSOURI AVE.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leonardo, Douglas	
STREET ADDRESS	4601 Farmhouse Dr.	
CITY-ST-ZIP	Tampa, FL 33624	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Olds, Susan	
STREET ADDRESS	1278 Clays Trail	
CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chesnut, Phillip	
STREET ADDRESS	6331 Garland Ct.	
CITY-ST-ZIP	New Port Richey, FL 34652	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dennis, Marie	
STREET ADDRESS	1913 Dartmouth Dr	
CITY-ST-ZIP	Holiday, FL 34691	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Norris, Donna	
STREET ADDRESS	13288 Drysdale St.	
CITY-ST-ZIP	Spring Hill, FL 34609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Doug Leonardo,  
Executive Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/07

Date

727-841-4200

Daytime Phone #