

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

**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



01302008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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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IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	CD
NAME	LEONARD, DOUGLAS
STREET ADDRESS	4601 FARMHOUSE DRIVE
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	D
NAME	HELIE, KING
STREET ADDRESS	3707 CORSAIR CT
CITY-ST-ZIP	NEW PORT RICHEY, FL
TITLE	DST
NAME	DENNIS, MARIE
STREET ADDRESS	1913 DARTMOUTH DRIVE
CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE	D
NAME	OLDS, SUSAN
STREET ADDRESS	1278 CLAYS TRAIL
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	VCD
NAME	BARNETT, BEVERLY
STREET ADDRESS	6220 MISSOURI AVE.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	D
NAME	CHESNUT, PHILLIP
STREET ADDRESS	6331 GARLAND COURT
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.14.08 727-816-9851

Date

Daytime Phone #