

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005527

FILED
Jan 31, 2011
Secretary of State

Entity Name: HBHCI HUD 4, INC.

Current Principal Place of Business:

7809 MASSACHUSETTS AVE
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

PO BOX 428
NEW PORT RICHEY, FL 346560428

New Mailing Address:

FEI Number: 59-3299259

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: CHESNUT, PHILLIP H
Address: P.O. BOX 2057
City-St-Zip: NEW PORT RICHEY, FL 34656

Title: VP
Name: BARNETT, BEVERLY
Address: 6709 RIDGE RD, SUITE 106
City-St-Zip: PORT RICHEY, FL 34668

Title: SECR
Name: TORRENCE, ALFRED W JR
Address: 6709 RIDGE RD, SUITE 106
City-St-Zip: PORT RICHEY, FL 34668

Title: TREA
Name: HELIE, KING
Address: P.O. BOX 5062
City-St-Zip: HUDSON, FL 34674

Title: OFFI
Name: BUTLER, BILL
Address: 5206 BAYSHORE BLVD
City-St-Zip: TAMPA, FL 33611

Title: OFFI
Name: LEONARDO, DOUGLAS
Address: P.O. BOX 428
City-St-Zip: NEW PORT RICHEY, FL 34656

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DOUGLAS LEONARDO

OFFI

01/31/2011

Electronic Signature of Signing Officer or Director

Date