

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

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DOCUMENT # N99000007309

1. Entity Name
HBHCI HUD 7, INC.



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

Mailing Address
POST OFFICE 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
59-3617102

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make check payable to:
Florida Department of State

200108855702
08/31/07--01005--012 **61.25

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DENNIS, MARIE 7809 MASSACHUSETTS AVE. NEW PORT RICHEY, FL 34653	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Leonardo, Douglas 4601 Farmhouse Dr. Tampa, FL 33624	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RICKUS, IRENE K 7809 MASSACHUSETTS AVE. NEW PORT RICHEY, FL 34653	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Olds, Susan 1278 Clays Trail Oldsmar, FL 34677	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELIE, KING 3707 CORSAIR COURT NEW PORT RICHEY, FL 34652	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Chesnut, Phillip 6331 Garland Ct. New Port Richey, FL 34652	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BARNETT, BEVERLY R 6220 MISSOURI AVE. NEW PORT RICHEY, FL 34653	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Norris, Donna 13288 Drysdale St. Spring Hill, FL 34609	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TODARO, MAUREEN 1740 FAIRFIELD ST HOLIDAY, FL 34691	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Dennis, Marie 1913 Dartmouth Dr. Holiday, FL 34691	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

7/30/07

727-841-4200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/22