

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000005417

**Entity Name:** HBHCI HUD 3, INC.**Current Principal Place of Business:**7809 MASSACHUSETTS AVE  
NEW PT RICHEY, FL 34653**Current Mailing Address:**P.O. BOX 428  
NEW PORT RICHEY, FL 34656-0428**FEI Number: 59-3212745****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MOE, MELANIE  
7809 MASSACHUSETTS AVE  
NEW PORT RICHEY, FL 34653 US*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: MELANIE MOE****01/07/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           CHESNUT, PHILIP H  
Address       P.O. BOX 2057  
City-State-Zip: NEW PORT RICHEY FL 34656

Title           CHAIRMAN  
Name           BARNETT, BEVERLY  
Address       6709 RIDGE RD. SUITE 101  
City-State-Zip: PORT RICHEY FL 34668

Title           S  
Name           TORRENCE, ALFRED WJR  
Address       7632 MASSACHUSETTS AVE  
City-State-Zip: PORT RICHEY FL 34653

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

Title           DIRECTOR  
Name           FOSTER, JOHN  
Address       4202 WATER AOKS  
City-State-Zip: TAMPA FL 33618

*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: BEVERLY BARNETT****CHAIRMAN****01/07/2020**

Electronic Signature of Signing Officer/Director Detail

Date