2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2015
Secretary of State
CC6526482710

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Entity Name: HBHCI HUD 4, INC.

Current Principal Place of Business:

7809 MASSACHUSETTS AVE
NEW PORT RICHEY, FL 34653

Current Mailing Address:

PO BOX 428
NEW PORT RICHEY, FL 34656-0428

FEI Number: 59-3299259

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCMULLEN, JEFFREY
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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

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

Title	S
Name	TORRENCE, ALFRED WJR
Address	6709 RIDGE RD, SUITE 106
City-State-Zip:	PORT RICHEY FL 34668

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

Title	D
Name	TREMONTI, CARL
Address	7809 MASSACHUSETTS AVE
City-State-Zip:	NEW PORT RICHEY FL 34653

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

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

Title	DIRECTOR
Name	RYDER, GAIL
Address	900 CARILLON PKWY SUITE 406
City-State-Zip:	ST PETERSBURG FL 33716

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: GAIL RYDER D 01/09/2015

Electronic Signature of Signing Officer/Director Detail — Date