

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000029473

1. Entity Name

SEMINOLE HOUSING PARTNERS, INC.



Principal Place of Business

C/O HARRIS CRAMER LLP
1555 PALM BEACH LAKES BLVD STE 310
WEST PALM BEACH, FL 33401

Mailing Address

C/O HARRIS CRAMER LLP
1555 PALM BEACH LAKES BLVD STE 310
WEST PALM BEACH, FL 33401



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

85-0562251

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS CRAMER LLP
1555 PALM BEACH LAKES BLVD STE 310
WEST PALM BEACH, FL 33401

**DO NOT WRITE
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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 (fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000480138
04/10/06-80031-016 158.75

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LUCCHESI, FABRIZIO
STREET ADDRESS 105 WEST BEAVER CREEK #9 & 10
CITY-ST-ZIP ONTARIO CANADA L4B 1C6,

TITLE STD
NAME MYERS, WILLIAM P
STREET ADDRESS 105 WEST BEAVER CREEK #9 & 10
CITY-ST-ZIP ONTARIO CANADA L4B 1C6,

TITLE VD
NAME REED, DAVID
STREET ADDRESS 217 WESTMONTE DR., STE. 2013
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 607, 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

Fabrizio Lucchesi

2/22/06

Date

905-882-1712

Daytime Phone #