

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000029473

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** SEMINOLE HOUSING PARTNERS, INC.

**Current Principal Place of Business:**

ATTN: N. DWAYNE GRAY, JR.  
315 E. ROBINSON STREET, SUITE 600  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN: N. DWAYNE GRAY, JR.  
315 E. ROBINSON STREET, SUITE 600  
ORLANDO, FL 32801

**New Mailing Address:**

**FEI Number:** 85-0562251

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRAY, N. DWAYNE JR.  
315 E. ROBINSON STREET  
SUITE 600  
ORLANDO, FL 32801 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: PSTD  
Name: LUCCHESI, FABRIZIO  
Address: 105 WEST BEAVER CREEK UNITS #9 & 10  
City-St-Zip: RICHMOND HILLS, ON LB41C6 CA

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FABRIZIO LUCCHESI

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04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date