

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000008445

1. Entity Name
PENINSULA HOUSING DEVELOPMENT, INC. XVI



Principal Place of Business
**1223 S.W. 4TH STREET
SUITE 202
MIAMI, FL 33135-2407**

Mailing Address
**1223 S.W. 4TH STREET
SUITE 202
MIAMI, FL 33135-2407**

DO NOT WRITE IN THIS SPACE



04302007 No Chg-NP CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DIAZ, GUARIONE
1223 S.W. 4TH STREET
SUITE 202
MIAMI, FL 33135-2407**

**DO NOT WRITE
IN THIS SPACE**

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

**U000000757270
05/23/07-80063-027 70.00**

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
DIAZ, GUARIONE M
1223 S.W. 4TH STREET SUITE 202
MIAMI, FL 331352407**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
PAZOS, ANDRES
1223 S.W. 4TH STREET SUITE 202
MIAMI, FL 331352407**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
SANTANA, CRISTINA
1223 S.W. 4TH STREET SUITE 202
MIAMI, FL 331352407**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
SWITZER, RAQUEL C
1223 S.W. 4TH STREET SUITE 202
MIAMI, FL 331352407**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GALAN, JUAN
355 COCOPLUM ROAD
MIAMI, FL 33143**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BARRETO, MARIELENA
1223 S.W. 4TH STREET SUITE 202
MIAMI, FL 331352407**

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MNAVARRO

Date

4/28/07

Daytime Phone #

3056423634