


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # N03000000340**  
 1. Entity Name  
 PENINSULA HOUSING DEVELOPMENT, INC. XVII



|  |  |
|--|--|
| Principal Place of Business<br>1223 S.W. 4TH STREET<br>SUITE 202<br>MIAMI, FL 33135-2407 | Mailing Address<br>1223 S.W. 4TH STREET<br>SUITE 202<br>MIAMI, FL 33135-2407 |
|--|--|

**DO NOT WRITE IN THIS SPACE**



02022007 No Chg-NP CR2E037 (4/06)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>11-3672728 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent  
 DIAZ, GUAZIONE M  
 1223 SW 4 STREET  
 2ND FLOOR  
 MIAMI, FL 33135

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000757221  
 05/23/07-80063-002 70.00

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>DIAZ, GUARION M<br>1223 SW 4 ST<br>MIAMI, FL 33135   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>PAZOS, ANDRES<br>1223 SW 4 ST<br>MIAMI, FL 33135     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>SWITZER, RAQUEL<br>1223 SW 4 ST<br>MIAMI, FL 33135   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>SANTANA, CRISTINA<br>1223 SW 4 ST<br>MIAMI, FL 33135 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GALAN, JUAN<br>1223 SW 4 ST<br>MIAMI, FL 33135        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MAVARRO, MARTA<br>1223 SW 4 ST<br>MIAMI, FL 33135     |

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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:**  **MMAVARRO** **4/28/07** **305 642 3634**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #