

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

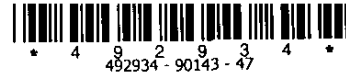
FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90143 047 ****61.25

DOCUMENT # N09197

1. Corporation Name

PENINSULA HOUSING DEVELOPMENT INC., IV



Principal Place of Business

% GUARIONE M. DIAZ
300 SW 12TH AVE., STE.A. 3RD FLOOR
MIAMI FL 33130
US

Mailing Address

% GUARIONE M. DIAZ
300 S.W. 12TH AVE., STE.A. 3RD FLOOR
MIAMI FL 33130
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

05/09/1985

4. FEI Number

59-2529232

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DIAZ, GUARIONE M.
300 SW 12 AVENUE
THIRD FLOOR
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DIAZ, GUARIONE M.
STREET ADDRESS 300 SW 12 AVE STE "A"
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ DELETE

NAME BECKER, ALINA E.
STREET ADDRESS 300 SW 12 AVE STE "A"
CITY-ST-ZIP MIAMI FL

TITLE TD ☒ DELETE

NAME GALNAIRES, BENIGNO
STREET ADDRESS 3700 W. 12 AVENUE
CITY-ST-ZIP HIALEAH FL

TITLE VPD ☐ DELETE

NAME PAZOS, ANDRES
STREET ADDRESS 300 S. W. 12 AVENUE, THIRD FLOOR
CITY-ST-ZIP MIAMI FL

TITLE CD ☒ DELETE

NAME BERNAL, PETER R.
STREET ADDRESS 6101 BLUE LAGOON, #300
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)