


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90027 007 \*\*\*\*61.25

<b>DOCUMENT # N09197</b> 1. Entity Name PENINSULA HOUSING DEVELOPMENT INC., IV	
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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 SW 12TH AVE., STE.A, 3RD FLOOR MIAMI, FL 33130 US
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94059566



01212004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2529232	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  DIAZ, GUARIONE M. 1223 SW 4TH STREET 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, GUARIONE M. 300 SW 12 AVE STE "A" MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANTANA, CRISTINA 1223 SW 4 ST MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SWITZER, RAQUEL C 1390 S DIXIE HWY, #1108 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PAZOS, ANDRES 300 S. W. 12 AVENUE, THIRD FLOOR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAVARRO, MARTA 1223 SW 4TH STREET MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALAN, JUAN 355 COCOPLUM ROAD MIAMI, FL 33143

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12. 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 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 or without power like empowered.

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>1/26/04</u>	Daytime Phone # <u>305 412 3634</u>
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Attachment  
#A109197

**PENINSULA II to XV & SAGA LAKE, INC.**  
**PENINSULA HSG DEVELOPERS & AMERICAN ATLANTIC**  
**BOARD OF DIRECTORS**

<b><u>NAME</u></b>	<b><u>ADDRESS</u></b>	<b><u>SOCIAL SECURITY #</u></b>
<b>DIAZ, Guarioné M.</b> Director and President	1223 SW 4 <sup>th</sup> Street Miami, FL 33135 Tel: (305) 642-3484 Fax: (305) 642-9122	265-72-6368
<b>PAZOS, Andres</b> Director and Executive Vice-President	1223 SW 4 <sup>th</sup> Street Miami, FL 33135 Tel: (305) 642-3484 Fax: (305) 642-9815	267-95-2954
<b>SANTANA, Cristina</b> Director and Secretary	1223 SW 4 <sup>th</sup> Street Miami, FL 33135 Tel: (305) 642-3484 Fax: (305) 642-9122	264-91-9097
<b>SWITZER, Raquel C.</b> Director and Treasurer	Switzer & Switzer 1390 South Dixie Highway Suite 660 Miami, FL 33146 Tel: (305) 663-3566 Fax: (305) 665-3060	261-72-6352
<b>BARRETO, Marielena</b> Director	1223 SW 4 <sup>th</sup> Street Miami, FL 33135 Tel: (305) 642-3634 Fax: (305) 642-5094	591-01-8604
<b>NAVARRO, Marta</b> Director	1223 SW 4 <sup>th</sup> Street Miami, FL 33135 Tel: (305) 642-3634 Fax: (305) 642-5094	266-17-0587
<b>GALAN, Juan</b> Director	355 Cocoplum Road Coral Gables, FL 33143 Tel: (305) 662-5780 Fax: (305) 667-4773	266-70-9971