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FILED
Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000258 (1)**
1. Corporation Name

PENINSULA HOUSING DEVELOPMENT INC. XI



Principal Place of Business 300 S.W. 12TH AVENUE SUITE A MIAMI FL 33130	Mailing Address 300 S.W. 12TH AVENUE SUITE A MIAMI FL 33130
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3. Date Incorporated or Qualified

01/17/1996

4. FEI Number

65-0650918

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DIAZ, GUARIONE M
300 S.W. 12TH AVENUE
SUITE A
MIAMI FL 33130**

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 relistening)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	DIAZ, GUARIONE M	
STREET ADDRESS	300 S.W. 12TH AVENUE, 3RD FLOOR	
CITY-ST-ZIP	MIAMI FL 33130	

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	BECKER, ALINA E	
STREET ADDRESS	300 S.W. 12TH AVENUE, 3RD FLOOR	
CITY-ST-ZIP	MIAMI FL 33130	

2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PEREZ, SERGIO E	
STREET ADDRESS	300 S.W. 12TH AVENUE, 3RD FLOOR	
CITY-ST-ZIP	MIAMI FL 33130	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	PAZOS, ANDRES	
STREET ADDRESS	300 S.W. 12TH AVENUE, 3RD FLOOR	
CITY-ST-ZIP	MIAMI FL 33130	

4.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	BERNAL, PETER R	
STREET ADDRESS	10940 S.W. 104TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33176	

5.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GALAN, JUAN A JR.	
STREET ADDRESS	3505 N.W. 107TH STREET	
CITY-ST-ZIP	MIAMI FL 33167	

6.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GALNAIRES, BENIGNO	
6.3 STREET ADDRESS	300 SW 12 AVE, 3rd FLOOR	
6.4 CITY-ST-ZIP	MIAMI, FLORIDA 33130	

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.

SIGNATURE:

Andres Pazos

CR2E037 (10/97)