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**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90174 037 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000000258**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/17/1996

4. FEI Number

65-0650918

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**DIAZ, GUARIONE M**  
**300 S.W. 12TH AVENUE**  
**SUITE A**  
**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 ☐ DELETE

NAME **DP**  
**DIAZ, GUARIONE M**  
 STREET ADDRESS **300 S.W. 12TH AVENUE, 3RD FLOOR**  
 CITY-ST-ZIP **MIAMI FL 33130**

TITLE ☐ DELETE

NAME **DS**  
**BECKER, ALINA E**  
 STREET ADDRESS **300 S.W. 12TH AVENUE, 3RD FLOOR**  
 CITY-ST-ZIP **MIAMI FL 33130**

TITLE ☐ DELETE

NAME **DVP**  
**PAZOS, ANDRES**  
 STREET ADDRESS **300 S.W. 12TH AVENUE, 3RD FLOOR**  
 CITY-ST-ZIP **MIAMI FL 33130**

TITLE ☒ DELETE

NAME **DC**  
**BERNAL, PETER R**  
 STREET ADDRESS **10940 S.W. 104TH AVENUE**  
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☒ DELETE

NAME **DT**  
**GALNARES, BENIGNO**  
 STREET ADDRESS **300 SW 12 AVE 3RD FL**  
 CITY-ST-ZIP **MIAMI FL 33130**

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)