2003 NOT-FOR-PROFIT CORPORATION

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DOCUMENT # N9600000258 1. Entity Name						j říľď			
PENINSULA HOUSING DEVELOPMENT INC. XI						0:	3 MAY - 1 AM 10	0: 57	
300 S.W. 12TH AVENUE 300			Mailing Address 300 S.W. 12TH AVENU SUITE A	300 S.W. 12TH AVENUE		SECRETARY OF STATE FALLAHASSEE, FLORIDA			
MIAMI FL 331	30		MIAMI FL 33130			 	 	90) ii 93) ii 90) ii 90	18 0 1.4 0 51.19 0 1.
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State		4. FEI Number 65-0650918 Applied For Not Applicable				
10	- · · · · · · · · · · · · · · · · · · ·	Country	Zip	Co	untry	5. Certificate of Si	tatus Desired	\$8.75 Add	ditional
	6. Name	and Address of Curren	t Registered Agent	, <u>I</u> .,	T ·	7. Name and Add	lress of New Registered	d Agent	
		. 	Ten en e Ten	ger as og 1	Name	Gall side or ex	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
DIAZ, GUARIONE M 1223 SW 4TH STREET						Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33135									
					City		F	Zip Cod	e
8. The above	e named entit	y submits this statement f	or the purpose of changing	j its register	d office or registe	ered agent, or both, in			and accept
the obliga	itions of regist	ered agent.							Ì
SIGNATURE		or printed name of registered agen	A						i
			t and title it applicable.	NOTE: Registere	ed Agent signature require	ed when reinstating)	DATE]
						ed when reinstating)			
	FILE NOW	: FEE IS \$61.25	9. Election		Financing	\$5.00 May Be Added to Fees	Make Che	ck Payable	
	FILE NOW	: FEE IS \$61.25	9. Election Trust Fur	Campaign I	Financing tion.	\$5.00 May Be Added to Fees	Make Che Florida Depa	ck Payable artment of S	State
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	FILE NOW	: FEE IS \$61.25	9. Election Trust Fur	Campaign I	Financing Lion.	\$5.00 May Be Added to Fees	Make Che Florida Depa	ck Payable artment of S	State
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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. The all other like empowered.

SIGNATURE:

MIAMI FL 33135

04-24-1003 305-642-3634

NAME

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