

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N99000000193**

1. Entity Name  
**PENINSULA HOUSING DEVELOPMENT INC. XIV**



Principal Place of Business

**1223 SW 4TH STREET  
2ND FLOOR  
MIAMI, FL 33135**

Mailing Address

**1223 SW 4 ST  
2ND FOOR  
MIAMI, FL 33133**

**DO NOT WRITE IN THIS SPACE**



02022007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**65-0891227**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DIAZ, GUARIONE M  
1223 SW4TH STREET 2ND FLOOR  
MIAMI, FL 33135**

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IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME DIAZ, GUARIONE M  
STREET ADDRESS 1223 SW 4 STREET  
CITY-ST-ZIP MIAMI, FL 33135

TITLE SD  
NAME SANTANA, CRISTINA  
STREET ADDRESS 1223 SW 4 STREET  
CITY-ST-ZIP MIAMI, FL 33135

TITLE TD  
NAME SWITZER, RAQUEL C  
STREET ADDRESS 1223 SW 4 STREET  
CITY-ST-ZIP MIAMI, FL 33135

TITLE VPD  
NAME PAZOS, ANDRES  
STREET ADDRESS 1223 SW 4 STREET  
CITY-ST-ZIP MIAMI, FL 33135

TITLE D  
NAME GALAN, JUAN  
STREET ADDRESS 1223 SW 4 STREET  
CITY-ST-ZIP MIAMI, FL 33135

TITLE D  
NAME NAVARRO, MARTA  
STREET ADDRESS 1223 SW 4 STREET  
CITY-ST-ZIP MIAMI, FL 33135

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05/23/07-80067-019 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #