

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000000340

**FILED**  
**Feb 03, 2015**  
**Secretary of State**  
**CC0732816620**

**Entity Name:** PENINSULA HOUSING DEVELOPMENT, INC. XVII

**Current Principal Place of Business:**

1223 SW 4 STREET  
2ND FLOOR  
MIAMI, FL 33135

**Current Mailing Address:**

1223 SW 4 STREET  
2ND FLOOR  
MIAMI, FL 33135 US

**FEI Number:** 11-3672728

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DIAZ, GUARIONE M  
1223 SW 4 STREET  
2ND FLOOR  
MIAMI, FL 33135 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            DIAZ, GUARIONE M  
Address        1223 SW 4 STREET  
City-State-Zip: MIAMI FL 33135

Title            DIRECTOR, SECRETARY  
Name            MASVIDAL, SERGIO  
Address        6800 SW 80TH AVENUE  
City-State-Zip: MIAMI FL 33143

Title            TREASURER, DIRECTOR  
Name            SWITZER, RAQUEL  
Address        1360 S. DIXIE HWY  
                 SUITE 355  
City-State-Zip: CORAL GABLES FL 33146

Title            DIRECTOR  
Name            ALLEN , WILFREDO  
Address        2250 SW 3RD AVENUE  
                 SUITE #100  
City-State-Zip: MIAMI FL 33129

Title            DIRECTOR  
Name            BARREIRO, GLADYS  
Address        2235 SW 8TH STREET  
                 APT # 711  
City-State-Zip: MIAMI FL 33135

Title            DIRECTOR  
Name            NAVARRO, MARTA  
Address        1223 SW 4 STREET  
                 2ND FLOOR  
City-State-Zip: MIAMI FL 33135

Title            DIRECTOR  
Name            CUBELA, NOEL  
Address        2414 SW 19TH TERRACE  
City-State-Zip: MIAMI FL 33145

Title            DIRECTOR  
Name            FERNANDEZ, LUIS  
Address        205 SW 23RD ROAD  
City-State-Zip: MIAMI FL 33129

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GUARIONE M. DIAZ

**PRESIDENT/DIRECTOR**

**02/03/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            RAMOS, MARCOS ANTONIO  
Address        2765 SW 32 COURT  
City-State-Zip: MIAMI FL 33133-2844