# SIGNATURE: GUARIONE M. DIAZ Electronic Signature of Signing Officer/Director Detail

City-State-Zip: MIAMI FL 33129 Title DIRECTOR Name FERNANADEZ . LUIS

above, or on an attachment with all other like empowered.

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. Electronic Signature of Registered Agent

# SIGNATURE:

Title PRESIDENT, DIRECTOR Title Name DIAZ, GUARIONE M Name MASVIDAL, SERGIO 1223 SW 4TH STREET 6800 SW 80TH AVENUE Address Address SUITE 202 City-State-Zip: **MIAMI FL 33143** City-State-Zip: MIAMI FL 33135-2407 Title Title DIRECTOR Name SWITZER, RAQUEL C Name **BARREIRO, GLADYS** Address 1360 S. DIXIE HWY Address 2235 SW 8TH STREET SUITE 355 APT. 711 City-State-Zip: City-State-Zip: **MIAMI FL 33135** Title DIRECTOR Title DIRECTOR Name CUBELA, NOEL ALLEN, WILFREDO Name Address 2250 SW 3RD AVENUE Address MIAMI FL 33145 City-State-Zip: SUITE 100 Title DIRECTOR NAVARRO, MARTA Name Address 1223 SW 4TH STREET

# 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N1200003336

Entity Name: PENINSULA HOUSING DEVELOPMENT INC. XVIII

## **Current Principal Place of Business:**

1223 SW 4TH STREET SUITE 202 MIAMI, FL 33135-2407

## **Current Mailing Address:**

1223 SW 4TH STREET SUITE 202 MIAMI, FL 33135-2407 US

#### FEI Number: 45-5347697

### Name and Address of Current Registered Agent:

DIAZ, GUARIONE M 1223 SW 4TH STREET SUITE 202 MIAMI, FL 33135-2407 US

**Officer/Director Detail :** SECRETARY, DIRECTOR TREASURER, DIRECTOR CORAL GABLES FL 33146 2414 SW 19TH TERRACE Address 205 SW 23RD ROAD City-State-Zip: **MIAMI FL 33135** 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

FILED Feb 04, 2015 Secretary of State CC0760019106

Certificate of Status Desired: Yes

Date

PRESIDENT/DIRECTOR

## **Officer/Director Detail Continued :**

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