

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003367

Entity Name: PENINSULA HOUSING DEVELOPMENT INC. IX**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:** 65-0650912**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
2ND FLOOR

City-State-Zip: MIAMI FL 33135

Title TREASURER, DIRECTOR

Name SWITZER, RAQUEL C

Address 1360 S. DIXIE HWY
SUITE 355

City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR

Name BARREIRO, GLADYS

Address 2235 SW 8TH STREET
APT 711

City-State-Zip: MIAMI FL 33135

Title DIRECTOR

Name FERNANDEZ, LUIS

Address 205 SW 23RD ROAD

City-State-Zip: MIAMI FL 33129

Title SECRETARY, DIRECTOR

Name MASVIDAL, SERGIO

Address 6800 SW 80TH AVENUE

City-State-Zip: MIAMI FL 33143

Title DIRECTOR

Name ALLEN, WILFREDO

Address 2250 SW 3RD AVENUE
SUITE 100

City-State-Zip: MIAMI FL 33129

Title DIRECTOR

Name CUBELA, NOEL

Address 2414 SW 19TH TERRACE

City-State-Zip: MIAMI FL 33145

Title DIRECTOR

Name RAMOS, MARCOS ANTONIO

Address 2675 SW 32 COURT

City-State-Zip: MIAMI FL 33133-2844

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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	NAVARRO, MARTA
Address	1223 SW 4TH STREET
City-State-Zip:	MIAMI FL 33135