

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

DOCUMENT# N96000006451

**FILED**  
**Feb 03, 2015**  
**Secretary of State**  
**CC2802822893**

**Entity Name:** PENINSULA HOUSING DEVELOPMENT INC. XIII

**Current Principal Place of Business:**

1223 S W 4TH STREET  
2ND FLOOR  
MIAMI, FL 33135

**Current Mailing Address:**

1223 S W 4TH STREET  
2ND FLOOR  
MIAMI, FL 33135 US

**FEI Number:** 65-0720436

**Certificate of Status Desired:** No

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

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

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

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

Title DIRECTOR, SECRETARY  
Name MASVIDAL, SERGIO  
Address 6800 SW 80 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 BARREIRO, GLADYS  
Address 2235 SW 8TH STREET  
APT.711  
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