

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000007376

**Entity Name:** MBCDC: FERNWOOD APARTMENTS, INC.

**Current Principal Place of Business:**

935 PENNSYLVANIA AVE  
UNIT 102  
MIAMI BEACH, FL 33139

**FILED**  
**Apr 04, 2024**  
**Secretary of State**  
**1695176817CC**

**Current Mailing Address:**

935 PENNSYLVANIA AVE  
UNIT 102  
MIAMI BEACH, FL 33139 US

**FEI Number: 65-0899456**

**Certificate of Status Desired: Yes**

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

KAUFMAN ROSSIN & CO.  
3310 MARY STREET  
SUITE 501  
MIAMI, FL 33133 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: ALEJANDRA BENIQUEZ**

**04/04/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           PEREIRA, RAYMOND  
Address        C/O MIAMI BEACH CDC  
                  945 PENNSYLVANIA AVE 102  
City-State-Zip: MIAMI BEACH FL 33139

Title           CHAIR  
Name           HAMMON, MICHAEL  
Address        C/O MIAMI BEACH CDC  
                  945 PENNSYLVANIA AVE 102  
City-State-Zip: MIAMI BEACH FL 33139

Title           CHIEF OF OPERATIONS  
Name           ARANGO, CRISTIAN A  
Address        935 PENNSYLVANIA AVE  
                  102  
City-State-Zip: MIAMI BEACH FL 33139

Title           AUTHORIZED REPRESENTATIVE  
Name           MIAMI BEACH CDC  
Address        C/O MIAMI BEACH CDC  
                  935 PENNSYLVANIA AVE 102  
City-State-Zip: MIAMI BEACH FL 33139

Title           SECRETARY  
Name           WISEHEART, WILL  
Address        935 PENNSYLVANIA AVE  
                  102  
City-State-Zip: MIAMI BEACH FL 33139

*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: CRISTIAN ARANGO**

**CHIEF OF OPERATIONS**

**04/04/2024**

Electronic Signature of Signing Officer/Director Detail

Date