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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728766 (7)

1. Corporation Name

ROBIN LYNN CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

1540 SAN REMO AVE.
CORAL GABLES FL 33146

1540 SAN REMO AVE.
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/31/1974

3a. Date of Last Report
01/25/1994

4. FEI Number
59-1754377

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILDS, HOWARD F JR
1540 SAN REMO AVE.
SUITE 7
CORAL GABLES FL 33146

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE HOWARD F. WILDS JR VP/TREASURER

DATE Mar 16, 1995

Signature, typed or printed name of registered agent and title if applicable

(NOTE) Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME DUSING, JOANN
STREET ADDRESS 1540 SAN REMO AVE., #5
CITY-ST-ZIP CORAL GABLES FL 33146

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD
NAME PARKER, ROBERT L.
STREET ADDRESS 1540 SAN REMO AVE., #6
CITY-ST-ZIP CORAL GABLES FL 33146

2.1 TITLE DIRECTOR, VICE PRESIDENT Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME HAYNES, DUNCAN
STREET ADDRESS 4051 BARBAROSSA AVE.
CITY-ST-ZIP COCONUT GROVE FL 33133

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VD
NAME WILDS, HOWARD F JR
STREET ADDRESS 1540 SAN REMO AVE., #7
CITY-ST-ZIP CORAL GABLES FL 33146

4.1 TITLE PRESIDENT, TREASURER, DIRECTOR Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME BARDEL, DORENE
STREET ADDRESS 1540 SAN REMO AVE., #3
CITY-ST-ZIP CORAL GABLES FL 33146

5.1 TITLE SECRETARY, DIRECTOR Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE SD
NAME DONELAN, DONNA
STREET ADDRESS 14536 LARKSPUR LN.
CITY-ST-ZIP WEST-PALM BEACH FL-33414

6.1 TITLE DIRECTOR Change Addition
6.2 NAME JORG SEIDGL
6.3 STREET ADDRESS 1540 SAN REMO AVE.
6.4 CITY-ST-ZIP CORAL GABLES, FL 33146

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Howard F. Wilds Jr. VP/TREASURER (Mar 16, 1995) 666-3883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Registered Agent