

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90119 029 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 728766 00

1. Corporation Name
 ROBIN LYNN CONDOMINIUM, INC.

Principal Place of Business 1540 San Remo Avenue Coral Gables, FL 33146	Mailing Address 2396 NE 172nd Street North Miami Beach, FL 33160
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2. Principal Place of Business 21	2a. Mailing Address 26 2396 NE 172nd Street	3. Date Incorporated or Qualified 01/31/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 --	4. FEI Number 59-1754377 Applied For Not Applicable
City & State 23	City & State 28 North Miami Beach, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 25	Zip 29 33160	Country 30 USA

9. Name and Address of Current Registered Agent Wilds, Howard F. Jr 1540 San Remo Avenue #7 Coral Gables, FL 33146		10. Name and Address of New Registered Agent	
		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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilds, Howard, F.	1.2 NAME	
STREET ADDRESS	1540 San Remo #7	1.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33146	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pass, Margaret	2.2 NAME	
STREET ADDRESS	1540 San Remo Avenue #3	2.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33146	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dusing, Joann	3.2 NAME	
STREET ADDRESS	1540 San Remo #5	3.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33146	3.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Haynes, Duncan	4.2 NAME	
STREET ADDRESS	4051 Barbãrossã Avenue	4.3 STREET ADDRESS	
CITY-ST-ZIP	Coconut Grove, FL 33133	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Parker, Robert L.	5.2 NAME	
STREET ADDRESS	1540 San Remo Avenue #6	5.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33146	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Seidel, Jorg (1540 San Remo Ave)	6.2 NAME	
STREET ADDRESS	D	6.3 STREET ADDRESS	
CITY-ST-ZIP	Theakston, Mary (1540 San Remo Ave)	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Howard F. Wilds, Jr.* Date: 2-6-99 Daytime Phone #: 305-666-3883

CR2E037 (11/98)