

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90012 032 ****61.25

DOCUMENT # 728766 1. Entity Name ROBIN LYNN CONDOMINIUM, INC.					
Principal Place of Business 1540 SAN REMO AVE. CORAL GABLES, FL 33146 US			Mailing Address 6225 SW 78 STREET MIAMI, FL 33143 US		
2. Principal Place of Business		3. Mailing Address <i>1540 San Remo</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>#7</i>			
City & State		City & State <i>Coral Gables, Fl</i>			
Zip <i>33146</i>	Country <i>U.S.A.</i>	4. FEI Number 59-1754377		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MACKNIGHT, LAURI 5835 GRANDA BLVD. SUITE 7 CORAL GABLES, FL 33146			7. Name and Address of New Registered Agent Name <i>Ricardo Russi</i> Street Address (P.O. Box Number is Not Acceptable) <i>3100 NW 72 Avenue,</i> <i>Suite #125</i> City <i>Miami</i> FL Zip Code <i>33122</i>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Ricardo Russi</i> DATE <i>4/7/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PASS, MARGARET 1540 SAN REMO AVENUE, #3 CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Constance Wilds, Pres.</i> <i>P.O. Box 143627</i> <i>Coral Gables, FL 33114-3627</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEIDEL, JORG 1540 SAN REMO AVE CORAL GABLES, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Rafael Lopez, VPT</i> <i>P.O. Box 558515</i> <i>MIAMI, FL 33255</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MACKNIGHT, LAURIE <i>Director</i> 5835 GRANADA BLVD. CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Delete <i>Add</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DR Robert Parker, Sec.</i> <i>1540 SAN REMO #6</i> <i>Coral Gables, FL 33146</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Constance Wilds</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>4/13/04</i> Daytime Phone # <i>(305) 992-4001</i>		