

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728766

FILED  
Sep 07, 2005  
Secretary of State

Entity Name: ROBIN LYNN CONDOMINIUM, INC.

**Current Principal Place of Business:**

1540 SAN REMO AVE.  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

**Current Mailing Address:**

1540 SAN REMO AVE.  
# 7  
CORAL GABLES, FL 33146 US

**New Mailing Address:**

FEI Number: 59-1754377      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

RUSSI, RICARDO  
3100 NW 72 AVENUE  
STE 125  
MIAMI, FL 33122 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WILDS, CONSTANCE  
Address: PO BOX 143627  
City-St-Zip: CORAL GABLES, FL 331143627

Title: D ( ) Delete  
Name: SEIDEL, JORG  
Address: 1540 SAN REMO AVE  
City-St-Zip: CORAL GABLES, FL

Title: VT ( ) Delete  
Name: LOPEZ, RAFAEL  
Address: PO BOX 558515  
City-St-Zip: MIAMI, FL 33255

Title: S ( ) Delete  
Name: PARKER, ROBERT DR  
Address: 1540 SAN REMO # 6  
City-St-Zip: CORAL GABLES, FL 33146

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: WILDS, CONSTANCE  
Address: PO BOX 143627  
City-St-Zip: CORAL GABLES, FL 331143627

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: PARKER, ROBERT DR  
Address: 1540 SAN REMO # 6  
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RICARDO RUSSI

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

MGR

09/07/2005

\_\_\_\_\_ Date