

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728766

FILED
Sep 12, 2008
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 127
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: SD () 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: PD () Delete
Name: PARKER, ROBERT DR
Address: 1540 SAN REMO # 6
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MACKNIGHT, LAURIE
Address: 5835 GRANADA BLVD
City-St-Zip: CORAL GABLES, FL 33146

Title: TD (X) Change () Addition
Name: SEIDEL, JORG
Address: 1540 SAN REMO AVE
City-St-Zip: CORAL GABLES, FL

Title: SD (X) Change () Addition
Name: LOPEZ, RAFAEL
Address: PO BOX 558515
City-St-Zip: MIAMI, FL 33255

Title: VPD (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 exemption stated in Chapter 119, 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

MGR

09/12/2008

Electronic Signature of Signing Officer or Director

Date