

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000004579

**Entity Name:** AUDRE AND DONALD CARLIN FOUNDATION, INC.

**Current Principal Place of Business:**

2800 PONCE DE LEON BLVD.  
1125  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2800 PONCE DE LEON BLVD.  
1125  
CORAL GABLES, FL 33134

**FEI Number:** 65-0925372

**Certificate of Status Desired:** No

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

BREIER, ROBERT G. ESQ.  
2800 PONCE DE LEON BOULEVARD  
SUITE 1125  
CORAL GABLES, FL 33134 US

*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:** ROBERT G. BREIER, ESQ.

02/04/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name CARLIN, AUDRE D  
Address 5500 COLLINS AVENUE  
UNIT 2202  
City-State-Zip: MIAMI BEACH FL 33140

Title VPD  
Name BREIER, ROBERT G  
Address 2800 PONCE DE LEON BLVD., SUITE  
1125  
City-State-Zip: CORAL GABLES FL 33134

Title STD  
Name MERMELSTEIN, MICHAEL S  
Address 3211 PONCE DE LEON BLVD., SUITE  
305  
City-State-Zip: CORAL GABLES FL 33134

*I hereby 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 all other like empowered.*

**SIGNATURE:** ROBERT G. BREIER

VPD

02/04/2015

Electronic Signature of Signing Officer/Director Detail

Date