

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 29, 2003 8:00 am**  
**Secretary of State**

4/1

04-18-2003 90226 002 \*\*\*\*70.00

**DOCUMENT # N00000008051**

1. Entity Name  
**THE COURTS AT DORAL ISLES CONDOMINIUM ASSOCIATIO  
N, INC.**



Principal Place of Business  
**9485 SUNSET DRIVE SUITE A-295  
MIAMI FL 33173**

Mailing Address  
**9485 SUNSET DRIVE SUITE A-295  
MIAMI FL 33173**

**55044445**

2. Principal Place of Business

3. Mailing Address  
**19250 SW 135 Avenue**

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**Miami, FL**

Zip  
**33186**

Country

4. FEI Number **65-1079912**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**TITLE COMPANY OF AMERICA  
8550 NW 33 ROAD STREET  
SUITE 200  
MIAMI FL 33122**

7. Name and Address of New Registered Agent

Name **Steven A. Fein**

Street Address (P.O. Box Number is Not Acceptable)  
**900 S.W. 40th Avenue**

City **Plantation** FL **33317**

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 **Steven A. Fein** **Steven A. Fein** **4/2/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	<b>PVSD GARCIA, CARLOS</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>9485 SUNSET DRIVE SUITE A-295</b>	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	
TITLE NAME	<b>TD FERNANDEZ, MARTHA</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>9485 SUNSET DRIVE SUITE A-295</b>	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	
TITLE NAME	<b>VPO FONTE, OMAR</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>9485 SUNSET DRIVE SUITE A-295</b>	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>President D Paul Guelmes</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>6840 NW 114 Avenue #108</b>	
CITY-ST-ZIP	<b>Miami, FL 33178</b>	
TITLE NAME	<b>Vice President D Grace Apollinar</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>6700 NW 114 Avenue # 928</b>	
CITY-ST-ZIP	<b>Miami, FL 33178</b>	
TITLE NAME	<b>Treasurer D Lillian Costa</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>6720 NW 114 Ave # 825</b>	
CITY-ST-ZIP	<b>Miami, FL</b>	
TITLE NAME	<b>Secretary D Cesar Oliveria</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>6560 NW 114 Avenue # 507</b>	
CITY-ST-ZIP	<b>Miami, FL</b>	
TITLE NAME	<b>Director D Prof. Y Alvarez</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>6740 N.W. 114 Ave #703</b>	
CITY-ST-ZIP	<b>Miami, FL</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: **[Signature]** **REQUIRED** **4/3/03**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/02)