

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008051

FILED
Apr 29, 2008
Secretary of State

Entity Name: THE COURTS AT DORAL ISLES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O COURTESY PROPERTY MANAGEMENT
13250 SW 135 AVENUE
MIAMI, FL 33186

New Principal Place of Business:

ATLAS PROPERTY MANAGEMENT SERVICES, INC.
8600 NW 17TH ST SUITE 145
DORAL, FL 33126

Current Mailing Address:

C/O COURTESY PROPERTY MANAGEMENT
13250 SW 135 AVENUE
MIAMI, FL 33186

New Mailing Address:

C/O ATLAS PROPERTY MANAGEMENT SERVICES, IN
8600 NW 17TH ST
DORAL, FL 33126

FEI Number: 65-1079912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEIN, STEVEN A
900 SW 40 AVENUE
SUITE 1224
PLANTATION, FL 33317 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: PD () Delete
Name: BRADY, ALIDA
Address: 6380 NW 114 AVENUE, #333
City-St-Zip: DORAL, FL 33178 US

Title: VPD () Delete
Name: DIB, NICOLE
Address: 6360 NW 114 AVENUE, #236
City-St-Zip: DORAL, FL 33178 US

Title: SD () Delete
Name: FERNANDEZ, CARMEN
Address: 6380 NW 114 AVENUE #334
City-St-Zip: DORAL, FL 33178 US

Title: TD () Delete
Name: STINFIL, GUSTAVE
Address: 6320 NW 114 AVE, # 1203
City-St-Zip: MIAMI, FL 33178

Title: D () Delete
Name: SEBASTIANI, JUAN
Address: 6440 NW 114 AVE #427
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: BRADY ALIDA

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

Date