

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 30, 2008**  
**Secretary of State**

DOCUMENT# N00000008051

**Entity Name:** THE COURTS AT DORAL ISLES CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**ATLAS PROPERTY MANAGEMENT SERVICES, INC.  
8600 NW 17TH ST SUITE 145  
DORAL, FL 33126**New Principal Place of Business:**ATLAS PROPERTY MANAGEMENT SERVICES, INC.  
8600 NW 17TH ST, SUITE 170  
DORAL, FL 33126**Current Mailing Address:**C/O ATLAS PROPERTY MANAGEMENT SERVICES, IN  
8600 NW 17TH ST  
DORAL, FL 33126**New Mailing Address:**C/O ATLAS PROPERTY MANAGEMENT SERVICES, IN  
8600 NW 17TH ST, SUITE 170  
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:**KABA, MOISES  
8000 SW 117 AVENUE  
PENTHOUSE B 2  
MIAMI, FL 33183 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: MOISES KABA

04/30/2008

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 USTitle: VPD ( ) Delete  
Name: DIB, NICOLE  
Address: 6360 NW 114 AVENUE, #236  
City-St-Zip: DORAL, FL 33178 USTitle: SD ( ) Delete  
Name: FERNANDEZ, CARMEN  
Address: 6380 NW 114 AVENUE #334  
City-St-Zip: DORAL, FL 33178 USTitle: TD ( ) Delete  
Name: STINFIL, GUSTAVE  
Address: 6320 NW 114 AVE, # 1203  
City-St-Zip: MIAMI, FL 33178Title: 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: ALIDA BRADY

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date