

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 27, 2016
Secretary of State
CC0054468977**Entity Name:** THE COURTS AT DORAL ISLES CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**ATLAS PROPERTY MANAGEMENT SERVICES, INC.
1450 NW 87TH AVENUE, SUITE 204
DORAL, FL 33172**Current Mailing Address:**ATLAS PROPERTY MANAGEMENT SERVICES, INC.
1450 NW 87TH AVENUE, SUITE 204
DORAL, FL 33172**FEI Number: 65-1079912****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**EISENGER, BROWN, LEWIS & FRANKEL, PA
4000 HOLLYWOOD BLVD
SUITE 265-S
HOLLYWOOD,, FL 33021 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title T/D
Name BRADY, ALIDA
Address 6380 NW 114 AVENUE, #333
City-State-Zip: DORAL FL 33178Title VP/D
Name GONZALEZ, VICTOR M
Address 6380 NW 114 AVENUE #323
City-State-Zip: DORAL FL 33178Title D
Name BETANCOURT, ELENA
Address 6340 NW 114 AVE #106
City-State-Zip: MIAMI FL 33178Title S/D
Name CHAPARRO, ALIX T
Address 6340 NW 114 AVENUE, APT. 133
City-State-Zip: DORAL FL 33178Title P/D
Name STINFIL, GUSTAVE
Address 6320 NW 114 AVE, # 1203
City-State-Zip: MIAMI FL 33178

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: ALIDA BRADY**TREASURER****04/27/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date