

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000008051

**FILED**  
**Feb 05, 2024**  
**Secretary of State**  
**9722208874CC**

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

**Current Principal Place of Business:**

ALLIED PROPERTY GROUP  
12350 SW 132ND CT #114  
DORAL, FL 33178

**Current Mailing Address:**

ALLIED PROPERTY GROUP  
12350 SW 132ND CT #114  
DORAL, FL 33178 US

**FEI Number: 65-1079912**

**Certificate of Status Desired: No**

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

EISINGER, BROWN, LEWIS, FRANKEL, & CHAIET  
4000 HOLLYWOOD BLVD  
SUITE 265 SOUTH  
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: GREGORY EISINGER**

**02/05/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MAYO, GUILLERMO  
Address        ALLIED PROPERTY GROUP  
                  12350 SW 132ND COURT #114  
City-State-Zip: MIAMI FL 33186

Title            SECRETARY  
Name            MARIA , LUGO  
Address        ALLIED PROPERTY GROUP  
                  12350 SW 132ND COURT #114  
City-State-Zip: MIAMI FL 33186

Title            TSD  
Name            GRANDA, ISABEL C  
Address        ALLIED PROPERTY GROUP  
                  12350 SW 132ND CT #114  
City-State-Zip: DORAL FL 33178

Title            D  
Name            CASTILLO , RODNEY  
Address        ALLIED PROPERTY GROUP  
                  12350 SW 132ND COURT #114  
City-State-Zip: MIAMI FL 33186

Title            VP  
Name            CARPIO, YAMILE  
Address        ALLIED PROPERTY GROUP  
                  12350 SW 132ND COURT #114  
City-State-Zip: MIAMI FL 33186

*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: ISABEL GRANDA**

**TREASURER**

**02/05/2024**

Electronic Signature of Signing Officer/Director Detail

Date