

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000008051

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

**FILED**  
**Apr 21, 2015**  
**Secretary of State**  
**CC4328761514**

**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 33178

Title VP/D  
Name GONZALEZ, VICTOR M  
Address 6380 NW 114 AVENUE #323  
City-State-Zip: DORAL FL 33178

Title D  
Name BETANCOURT, ELENA  
Address 6340 NW 114 AVE #106  
City-State-Zip: MIAMI FL 33178

Title S/D  
Name CHAPARRO, ALIX T  
Address 6340 NW 114 AVENUE, APT. 133  
City-State-Zip: DORAL FL 33178

Title 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**

**04/21/2015**

Electronic Signature of Signing Officer/Director Detail

Date