

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M43700

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** GABLES TRAILER PARK, INC.

**Current Principal Place of Business:**

825-935-955 S.W. 44TH AVENUE  
MIAMI, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

BURLEIGH KAPLAN  
5838 COLONY COURT  
BOCA RATON, FL 334335202 US

**New Mailing Address:**

**FEI Number:** 59-2749644      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KAPLAN, BURLEIGH  
5838 COLONY COURT  
BOCA RATON, FL 334335202 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: PSTD  
Name: KAPLAN, BURLEIGH  
Address: 5838 COLONY COURT  
City-St-Zip: BOCA RATON, FL 334335202

Title: D  
Name: KAPLAN, LILY  
Address: 5838 COLONY COURT  
City-St-Zip: BOCA RATON, FL 334335202

Title: D  
Name: HOWARD, CYNTHIA  
Address: 3062 NW 61ST ST.  
City-St-Zip: BOCA RATON, FL 33196 US

Title: D  
Name: KAPLAN, CHERYL  
Address: 1331 BRICKELL BAY DRIVE APT. #2703  
City-St-Zip: MIAMI, FL 33131

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BURLEIGH KAPLAN

PSTD

01/04/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date