

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

DOCUMENT# N14000008776

**FILED**  
**Apr 20, 2015**  
**Secretary of State**  
**CC1724798294**

**Entity Name:** GABLES TRAILER PARK MOBILE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

825 SW 44TH AVENUE  
MIAMI, FL 33134

**Current Mailing Address:**

1671 NW 16TH TERRACE  
MIAMI, FL 33125 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

SOUTH FLORIDA VOICES FOR WORKING FAMILIES  
1671 NW 16TH TERRACE  
MIAMI, FL 33125 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 P  
Name VALDES, PEDRO  
Address 935 SW 44TH AVENUE, LOT A-105  
City-State-Zip: MIAMI FL 33134

Title VP  
Name ALMONACID, PILAR  
Address 825 SW 44TH AVENUE, LOT A-120  
City-State-Zip: MIAMI FL 33134

Title S  
Name AGRAMONTE, MIGUEL ANGEL  
Address 825 SW 44TH AVENUE, LOT A-102  
City-State-Zip: MIAMI FL 33134

Title T  
Name AMAYA, NORA  
Address 955 SW 44TH AVENUE, LOT A-101  
City-State-Zip: MIAMI FL 33134

Title D  
Name LLERENA, FILIBERTO  
Address 825 SW 44TH AVENUE, LOT A-118  
City-State-Zip: MIAMI FL 33134

*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: PEDRO VALDES**

**PRESIDENT**

**04/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date