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

City-State-Zip: BOCA RATON FL 33431

Electronic Signature of Signing Officer/Director Detail

SIGNATURE	i:			
	Electronic Signature of Registered Agent			
Officer/Director Detail :				
Title	PSTD	Title	D	
Name	KAPLAN, BURLEIGH	Name	KAPLAN, LILY	
Address	5838 COLONY COURT	Address	5838 COLONY COURT	
City-State-Zip:	BOCA RATON FL 33433-5202	City-State-Zip:	BOCA RATON FL 33433-5	

Electronic Signature of Registered Agent						
Officer/Director Detail :						
Title	PSTD	Title	D			
Name	KAPLAN, BURLEIGH	Name	KAPLAN, LILY			
Address	5838 COLONY COURT	Address	5838 COLONY COURT			
City-State-Zip:	BOCA RATON FL 33433-5202	City-State-Zip:	BOCA RATON FL 33433-5202			
Title	D	Title	D			
Name	HOWARD, CYNTHIA	Name	KAPLAN, CHERYL			
Address	700 N.E. HARBOUR DRIVE.	Address	1331 BRICKELL BAY DRIVE APT. #2703			

City-State-Zip:

MIAMI FL 33131

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.

KAPLAN, BURLEIGH 5838 COLONY COURT

BOCA RATON, FL 33433-5202 US

MIAMI, FL 33134

825-935-955 S.W. 44TH AVENUE

5838 COLONY COURT BOCA RATON, FL 33433-5202 US

Name and Address of Current Registered Agent:

Current Mailing Address:

BURLEIGH KAPLAN

FEI Number: 59-2749644

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# M43700

Entity Name: GABLES TRAILER PARK, INC.

Current Principal Place of Business:

Certificate of Status Desired: No

PRESIDENT

01/10/2015 Date

Date

FILED Jan 10, 2015 Secretary of State CC8526564850