I hereby certify that the information indicated on this report or supplemental report is true and accurate oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execut above, or on an attachment with all other like empowered.		
SIGNATURE: RAUL R DE DON	PRESIDENT	02/13/2017

SIGNATURE: RAUL R DE DON

Electronic Signature of Signing Officer/Director Detail

Officer/Dire	ctor Detail :		
Title	Р	Title	ST
Name	DE DON, RAUL R	Name	BLOSCH, GRACE
Address	180 N W 37TH ST	Address	209 N W 23RD ST
City-State-Zip:	FT. LAUDERDALE FL	City-State-Zip:	FT. LAUDERDALE FL
<b>T</b> '0.			
Title	V		
Name	DE DON, LINDA M.		
Address	180 N.W. 37TH STREET		
City-State-Zip:	FT. LAUDERDALE FL		

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:

# 110 NE 32 COURT

Electronic Signature of Registered Agent

FORT LAUDERDALE. FL 33334

# FEI Number: 59-1143233

FORT LAUDERDALE, FL 33334

**Current Mailing Address:** 

DOCUMENT# 275983

110 NE 32 COURT

## Name and Address of Current Registered Agent:

Entity Name: FLORIDA POOL CORPORATION

**Current Principal Place of Business:** 

DE DON, RAUL R 180 N W 37TH ST FT LAUDERDALE, FL 33309 US

2017 FLORIDA PROFIT CORPORATION ANNUAL REPOR	T

### FILED Feb 13, 2017 Secretary of State CC7142576331

Certificate of Status Desired: No

Date

Date