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: RAUL R. DE DON	PRESIDENT	01/24/2013

SIGNATURE: RAUL R. DE DON

Electronic Signature of Signing Officer/Director Detail

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

# **Officer/Director 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
Title	V		
Name	DE DON, LINDA M.		
Address	180 N.W. 37TH STREET		
City-State-Zip:	FT. LAUDERDALE FL		

## Name and Address of Current Registered Agent:

FEI Number: 59-1143233

FORT LAUDERDALE. FL 33334

FORT LAUDERDALE, FL 33334

**Current Mailing Address:** 

DOCUMENT# 275983

110 NE 32 COURT

110 NE 32 COURT

Entity Name: FLORIDA POOL CORPORATION

**Current Principal Place of Business:** 

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

### FILED Jan 24, 2013 Secretary of State CC6825170633

Certificate of Status Desired: No

Date

Date