


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90010 049 \*\*\*\*61.25

<b>DOCUMENT # F06000001475</b>					
<b>1. Entity Name</b> INDEPENDENT POOL AND SPA SERVICE ASSOCIATION, INC.					
<b>Principal Place of Business</b> 3414 GONDAR AVE LONG BEACH, CA 90808			<b>Mailing Address</b> P O BOX 15828 LONG BEACH, CA 90815		
<b>2. Principal Place of Business - No P.O. Box #</b> 3401 Katella Ave		<b>3. Mailing Address</b> P.O. Box 1617			
Suite, Apt. #, etc. #202		Suite, Apt. #, etc.			
City & State Los Alamitos, CA		City & State Rocklin, CA			
Zip 90720		Country USA		Zip 95677-7617	
Country USA		Country USA			
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>VD</b> ROMANOWSKI, JAMES 15391 LASALLE LN HUNTINGTON BEACH, CA 92647 <input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	See Attached <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>PC</b> SNOW, TERRY 1734 SUNNYBROOK AVE UPLAND, CA 91784 <input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>SD</b> PAYAN, JAVIER PO BOX 12224 EL CAJON, CA 92022 <input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>TD</b> HOUSEMAN, GERALD P O BOX 1148 ORANGEVALE, CA 95662 <input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> BETTENCOURT, JOHN 26801 SO 1 CT HEMET, CA 925447514 <input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>John Bettencourt</u> <b>JOHN BETTENCOURT</b> <u>2-7-08</u> <u>(951) 925-2442</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

# IPSSA BOARD OF REGIONAL DIRECTORS

## REGION 1

TITLE  
NAME  
STREET ADDRESS  
CITY~ST~ZIP

D  
MIKE GARDNER  
17924 OLD COACH WAY  
GRASS VALLEY, CA 95945

## REGION 2

TITLE  
NAME  
STREET ADDRESS  
CITY~ST~ZIP

P/C  
LANE CLARK  
12604 AMBERMEADOW  
MOORPARK, CA 93021

## REGION 3

TITLE  
NAME  
STREET ADDRESS  
CITY~ST~ZIP

D  
BOB NICHOLS  
147 W ROUTE 66 3610  
GLENDDORA, CA 91740-6208

## REGION 4

TITLE  
NAME  
STREET ADDRESS  
CITY~ST~ZIP

S/D  
ADAM MORELY  
2785 PACIFIC COAST HWY #809  
TORRANCE, CA 90505

## REGION 5

TITLE  
NAME  
STREET ADDRESS  
CITY~ST~ZIP

D  
BOB LUEDTKE  
540 S REVERE STREET  
ANAHEIM, CA 92805

## REGION 6

TITLE  
NAME  
STREET ADDRESS  
CITY~ST~ZIP

T/D  
JOHN BETTENCOURT  
26801 SOL COURT  
HEMET, CA 92544

## REGION 7

TITLE  
NAME  
STREET ADDRESS  
CITY~ST~ZIP

D  
CHUCK GOUGH  
2081 LEE COURT  
CARLSBAD, CA 92008

## REGION 8

TITLE  
NAME  
STREET ADDRESS  
CITY~ST~ZIP

D  
MARK CYR  
1253 W MENDOZA AVENUE  
MESA, AZ 85202-7575

## REGION 9

TITLE  
NAME  
STREET ADDRESS  
CITY~ST~ZIP

V/D  
PHIL SHARP  
P.O. BOX 27293  
SAN ANTONIO, TX 78227-0293

## REGION 10

TITLE  
NAME  
STREET ADDRESS  
CITY~ST~ZIP

D  
GARY ELLYATT  
560 PARADISE ROAD  
PRUNEDALE, CA 93907

# ATTACHMENT

# 40023076  
# F06000001475