

**2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000001475

**Entity Name:** INDEPENDENT POOL AND SPA SERVICE ASSOCIATION, INC.**Current Principal Place of Business:**10842 NOEL STREET  
#107  
LOS ALAMITOS, CA 90720**Current Mailing Address:**P O BOX 1617  
ROCKLIN, CA 95677**FEI Number: 95-4157154****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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 ASST. TREASURER  
Name DUDLEY, CHARLES  
Address 727 G STREET  
City-State-Zip: REEDLEY CA 93654

Title D  
Name THEDERS, JEFFREY  
Address 1625 E SAINT GERTRUDE PL  
City-State-Zip: SANTA ANA CA 92705

Title CEO  
Name STARNER, TODD  
Address 1005 MILL RUN EAST  
City-State-Zip: BRADENTON FL 34212

Title D  
Name BRIGGS, JASON  
Address 2785 PACIFIC COAST HWY #809  
City-State-Zip: TORRANCE CA 90505

Title D  
Name PETERSON, SCOTT  
Address 31715 CORTE ROSARIO  
City-State-Zip: TEMECULA CA 92592

Title VP  
Name LUKACIK, JOE  
Address 13280 HIGHWAY 8 BUSINESS  
City-State-Zip: EL CAJON CA 92021

Title D  
Name CANNON, MARC  
Address 2721 W SHEFFIELD AVENUE  
City-State-Zip: CHANDLER AZ 85224

Title S  
Name LYONS, MARK  
Address 4118 ROSENBAUM AVENUE  
City-State-Zip: SAN JOSE CA 95136

**Continues on page 2**

*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: JASON LEHMANN****CFO****03/06/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   CFO  
Name                 LEHMANN, JASON  
Address             6885 BLUEBONNET COURT  
City-State-Zip:    NORTH RICHLAND HILLS TX 76182

Title                   DIRECTOR  
Name                 DUNCAN, BRIAN  
Address             1630 N MAIN STREET #324  
City-State-Zip:    WALNUT CREEK CA 94596

Title                   DIRECTOR  
Name                 SMITH, JAMES  
Address             PO BOX 26738  
City-State-Zip:    AUSTIN TX 78755

Title                   DIRECTOR  
Name                 VANCE, IVAN  
Address             7852 VARNA AVENUE  
City-State-Zip:    VAN NUYS CA 91402