

**2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000001475

**Entity Name:** INDEPENDENT POOL AND SPA SERVICE ASSOCIATION, INC.**Current Principal Place of Business:**5800 STANFORD RANCH RD  
STE 220  
ROCKLIN, CA 95765**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 CEO  
Name HAWES, DAVID  
Address 264 WRIGHT BROTHERS AVE  
City-State-Zip: LIVERMORE CA 94551

Title DIRECTOR  
Name RAYMOND, DERRIC  
Address 1150 E LAKESHORE BLVD  
City-State-Zip: KISSIMMEE FL 34744

Title DIRECTOR  
Name DIXON, JOHN  
Address PO BOX 1101  
City-State-Zip: MURRIETA CA 92564

Title VP  
Name LEE, MIKE  
Address 18521 E QUEEN CREEK RD  
City-State-Zip: QUEEN CREEK AZ 85142

Title D  
Name BLACK, MICHAEL  
Address 14232 UXBRIDGE STREET  
City-State-Zip: WESTMINISTER CA 92683

Title SECRETARY  
Name MORLEY, ADAM  
Address 2785 PACIFIC COAST HWY #809  
City-State-Zip: TORRANCE CA 90505

Title DIRECTOR  
Name HARRIS, MICHAEL  
Address PO BOX 86271  
City-State-Zip: SAN DIEGO CA 92138

Title CFO  
Name MARGAIN, MANUEL  
Address PO BOX 26892  
City-State-Zip: FRESNO CA 93729

**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:** MANUEL MARGAIN

CFO

06/28/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HOLT, NEAL  
Address PO BOX 2427  
City-State-Zip: RED OAK TX 75154

Title DIRECTOR  
Name OLDFIELD, JOHN  
Address PO BOX 2216  
City-State-Zip: GILROY CA 95021

Title DIRECTOR  
Name CLAYSON, BECKY  
Address PO BOX 39041  
City-State-Zip: SAN ANTONIO TX 78218

Title DIRECTOR  
Name SNOW, TERRY  
Address 1734 SUNNYBROOK AVE  
City-State-Zip: UPLAND CA 91784