

2016 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 OLDFIELD, JOHN

Address PO BOX 2216

City-State-Zip: GILROY CA 95021

Title D

Name BLACK, MICHAEL

Address 14232 UXBRIDGE STREET

City-State-Zip: WESTMINSTER CA 92683

Title DIRECTOR

Name RAYMOND, DERRIC

Address 1150 E LAKESHORE BLVD

City-State-Zip: KISSIMMEE FL 34744

Title D

Name BRIGGS, JASON

Address 2785 PACIFIC COAST HWY #809

City-State-Zip: TORRANCE CA 90505

Title VP

Name PETERSON, SCOTT

Address 31715 CORTE ROSARIO

City-State-Zip: TEMECULA CA 92592

Title DIRECTOR

Name LUKACIK, JOE

Address 13280 HIGHWAY 8 BUSINESS

City-State-Zip: EL CAJON CA 92021

Title CEO

Name CANNON, MARC

Address 2721 W SHEFFIELD AVENUE

City-State-Zip: CHANDLER AZ 85224

Title DIRECTOR

Name MARGAIN, MANUEL

Address PO BOX 26892

City-State-Zip: FRESNO CA 93729

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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****04/29/2016**

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

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