

2017 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	CEO
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:	WESTMINISTER 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	DIRECTOR
Name	DIXON, JOHN
Address	PO BOX 1101
City-State-Zip:	MURRIETA CA 92564

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

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

Title	CFO
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: MANUEL MARGAIN**CFO****06/15/2017**

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 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