

2019 FOREIGN NOT FOR PROFIT CORPORATION REINSTATEMENT

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:** INCORP SERVICES

10/04/2019

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

Title	VP
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

10/04/2019

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 PHILLIPS, STAN
Address PO BOX 3392
City-State-Zip: LIVERMORE CA 94551

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