



# CLIENT OPENING SURVEY FORM

Ms

MR./MRS./MISS

Kay

FIRST NAME

Oakes

LAST NAME

858-495-5575

CONTACT NUMBER

619-838-8057

ALTERNATE NUMBER

## COMPANY DATA BASE

[itsales@hjasouth.co.uk](mailto:itsales@hjasouth.co.uk)

EMAIL ADDRESS

Cdm Community  
Aquatics

COMPANY NAME

[www.cdmpool.org](http://www.cdmpool.org)

WEBSITE URL

500 Newport Center Dr

Address

Newport Beach

City

CA

State

92660

ZIP Code

Membership Organizations

SIC DESCRIPTION

8641

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

67,200.00

REVENUE (USD)

Orange

COUNTRY/REGION

YES

MEDICAL INSURANCE



US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island  
Dr S, Saint Augustine, FL 32080



+1 (904) 117-  
1782