



# CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Leonida

FIRST NAME

Goosrn

LAST NAME

228-264-4614

CONTACT NUMBER

228-462-4664

ALTERNATE NUMBER

## COMPANY DATA BASE

leonida@govern.org

EMAIL ADDRESS

Cdm Community  
Aquatics

COMPANY NAME

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