

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009180

Entity Name: SOUTH HAMPTON SWIM TEAM INC.**Current Principal Place of Business:**2220 COUNTY ROAD 210 WEST
SUITE 108 PO BOX 154
JACKSONVILLE, FL 32092**Current Mailing Address:**978 GARRISON DR
SAINT AUGUSTINE, FL 32092 US**FEI Number:** 45-0855270**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SOUTH HAMPTON SWIM TEAM
2220 COUNTY ROAD 210
SUITE 108, #154
JACKSONVILLE, FL 32259 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:** LAURA DIEFENDERFER**02/13/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	ROBBINS, SHAUN
Address	978 GARRISON DRIVE
City-State-Zip:	ST AUGUSTINE FL 32092

Title	VP
Name	RELL, BARRY
Address	1936 LYNDHURST DRIVE
City-State-Zip:	ST. AUGUSTINE FL 32092

Title	TREASURER
Name	SASSO, MOLLY
Address	2608 TUNBRIDGE LANE
City-State-Zip:	SAINT AUGUSTINE FL 32092

Title	SECRETARY
Name	JOSEPH, ASHLEY
Address	624 PELHAM RD
City-State-Zip:	SAINT AUGUSTINE FL 32092

Title	DIRECTOR
Name	MATTHEW, JENNIFER
Address	3068 SANTEE PLACE
City-State-Zip:	SAINT JOHNS FL 32259

Title	DIRECTOR
Name	BACI, PETER
Address	1216 EAST REDROCK RIDGE AVENUE
City-State-Zip:	SAINT JOHNS FL 32259

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: SHAUN ROBBINS**PRESIDENT****02/13/2025**

Electronic Signature of Signing Officer/Director Detail

Date