

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000007163

**FILED**  
**Jan 24, 2015**  
**Secretary of State**  
**CC4439092468**

**Entity Name:** UNIVERSITY SWIM ASSOCIATION STINGRAYS, INC.

**Current Principal Place of Business:**

3996 CROSS CREEK RD.  
JACKSONVILLE, FL 32277

**Current Mailing Address:**

3996 CROSS CREEK RD.  
JACKSONVILLE, FL 32277

**FEI Number: 77-0723204**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TSOUTSOS, JANET S  
3996 CROSS CREEK RD.  
JACKSONVILLE, FL 32277 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            PRESIDENT  
Name            CABREY, BRIAN  
Address        4869 ASHLEY MANOR WAY W  
City-State-Zip: JACKSONVILLE FL 32225

Title            VP  
Name            TSOUTSOS, NICHOLAS P.  
Address        3996 CROSS CREEK RD.  
City-State-Zip: JACKSONVILLE FL 32277

Title            TREASURER  
Name            TSOUTSOS, JANET S.  
Address        3996 CROSS CREEK RD.  
City-State-Zip: JACKSONVILLE FL 32277

Title            DIRECTOR  
Name            DUMANDAN, REBECCA  
Address        11123 VOGEL COURT  
City-State-Zip: JACKSONVILLE FL 32225

Title            DIRECTOR  
Name            KLIMAS, GEOFFREY  
Address        12336 SARAH TOWERS LANE  
City-State-Zip: JACKSONVILLE FL 32225

Title            SECRETARY  
Name            CARTWRIGHT, MELODIE  
Address        4403 CHASEWOOD DRIVE  
City-State-Zip: JACKSONVILLE FL 32225

Title            DIRECTOR  
Name            NEWELL, JENNIFER  
Address        11669 HIDDEN HILLS DRIVE  
City-State-Zip: JACKSONVILLE FL 32225

*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: TSOUTSOS , JANET S.**

**TREASURER**

**01/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date