

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000128930

FILED
Feb 06, 2006
Secretary of State

Entity Name: SABASA PASS GROVE II, INC.

Current Principal Place of Business:

USEPPA ISLAND CLUB
P.O. BOX 640
BOKEELIA, FL 33922

New Principal Place of Business:

Current Mailing Address:

USEPPA ISLAND CLUB
P.O. BOX 640
BOKEELIA, FL 33922

New Mailing Address:

FEI Number: 33-1100730 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BERGSTEN, PETER A
C/O BOCILLA MARINA
8115 MAIN STREET
BOKEELIA, FL 33922 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: BERGSTEN, PETER A
Address: P.O. BOX 640
City-St-Zip: BOKEELIA, FL 33922

Title: S () Delete
Name: BERGSTEN, SALLY S
Address: P.O. BOX 640
City-St-Zip: BOKEELIA, FL 33922

Title: D () Delete
Name: BERGSTEN, BARBARA A
Address: 14100 COUNTY LINE RD
City-St-Zip: HUNTING VALLEY, OH 44022

Title: D () Delete
Name: DEFINO, SARAH A
Address: 29325 SHAKER BLVD
City-St-Zip: PEPPER PIKE, OH 44124

Title: D () Delete
Name: BERGSTEN, SANDRA A
Address: 3038 WOODBURY RD.
City-St-Zip: SHAKER HTS., OH 44120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER A. BERGSTEN

PRES

02/06/2006

Electronic Signature of Signing Officer or Director

_____ Date