

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000052442

Entity Name: SABASA PASS GROVE, INC.

FILED
Jan 08, 2004
Secretary of State

Current Principal Place of Business:

PETER BERGSTEN, USEPPA ISLAND CLUB
PO BOX 640
BOKEELIA, FL 33922

New Principal Place of Business:

Current Mailing Address:

PETER BERGSTEN, USEPPA ISLAND CLUB
PO BOX 640
BOKEELIA, FL 33922

New Mailing Address:

FEI Number: 65-0844737 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

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: PO BOX 640
City-St-Zip: BOKEELIA, FL 33922

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

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

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

Title: D () Delete
Name: BERGSTEN, SANDRA A
Address: 3038 WOODBURY ROAD
City-St-Zip: SHAKER HEIGHTS, 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 Section 119.07(3)(i), 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

PT

01/08/2004

Electronic Signature of Signing Officer or Director

_____ Date