

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000052442

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: SABASA PASS GROVE, INC.

**Current Principal Place of Business:**

13451 STRINGFELLOW  
BOKEELIA, FL 33922

**New Principal Place of Business:**

**Current Mailing Address:**

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 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: 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: BERGSTEN, 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 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

03/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date