

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90018 009 ****61.25

DOCUMENT # N36697

1. Entity Name
BERTSVILLE ASSOCIATION, INC.



Principal Place of Business
**5550 BIRD ISLAND DR
LADY LAKE, FL 32159**

Mailing Address
**5550 BIRD ISLAND DR
LADY LAKE, FL 32159**

60022918



DO NOT WRITE IN THIS SPACE

01062008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2995841

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHANNON, HERBERT H. MADELINE M.
5550 BIRD ISLAND DR
LADY LAKE, FL 32159**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHANNON, HERBERT H. MADELINE M.
STREET ADDRESS	5550 BIRD ISLAND DR
CITY-ST-ZIP	LADY LAKE, FL
TITLE	TD
NAME	SHANNON, MADELINE M. SMOCK KENNETH
STREET ADDRESS	5550 BIRD ISLAND DR 5633 BIRD ISLAND DR
CITY-ST-ZIP	LADY LAKE, FL
TITLE	VD
NAME	OPPERMAN, PAUL
STREET ADDRESS	5611 BIRD ISLAND DR.
CITY-ST-ZIP	LADY LAKE, FL
TITLE	SD
NAME	MILLER, JENNIE
STREET ADDRESS	5548 INDIANA DR
CITY-ST-ZIP	LADY LAKE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kenneth Smock Treas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-08 352 350-2356

Date

Daytime Phone #