

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36697

**FILED**  
**Apr 15, 2012**  
**Secretary of State**

**Entity Name:** BERTSVILLE ASSOCIATION, INC.

**Current Principal Place of Business:**

5550 BIRD ISLAND DR  
LADY LAKE, FL 32159

**New Principal Place of Business:**

**Current Mailing Address:**

5550 BIRD ISLAND DR  
LADY LAKE, FL 32159

**New Mailing Address:**

5605 BERTS RD  
LADY LAKE, FL 32159

**FEI Number:** 59-2995841

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MADELINE, SHANNON M  
5550 BIRD ISLAND DR  
LADY LAKE, FL 32159 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SHANNON, MADELINE M  
Address: 5550 BIRD ISLAND DR  
City-St-Zip: LADY LAKE, FL 32159

Title: TD  
Name: COMBS, SHIRLEY  
Address: 5605 BERTS RD  
City-St-Zip: LADY LAKE, FL 32159

Title: VD  
Name: OPPERMAN, PAUL  
Address: 5611 BIRD ISLAND DR.  
City-St-Zip: LADY LAKE, FL 32159

Title: SD  
Name: MILLER, JENNIE  
Address: 5548 INDIANA DR  
City-St-Zip: LADY LAKE, FL 32159

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: SHIRLEY COMBS

TD

04/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date