

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005098

Entity Name: NORTH OLGA COMMUNITY PLANNING PANEL, INC.**Current Principal Place of Business:**18321 NORTH OLGA DR
ALVA, FL 33920**Current Mailing Address:**18321 NORTH OLGA DR
ALVA, FL 33920 US**FEI Number:** 27-0322992**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DENNIS, VAN ROEKEL
18321 N OLGA DR
ALVA, FL 33920 US*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**Officer/Director Detail :**

Title DIRECTOR, TREASURER
Name VAN ROEKEL, DENNIS
Address 18321 NORTH OLGA DR
City-State-Zip: ALVA FL 33920

Title DIRECTOR, SECRETARY
Name POVIA, MARY
Address 5991 BUCKINGHAM ROAD
City-State-Zip: FORT MYERS FL 33905

Title DIRECTOR, VP
Name ARMEDA, NICK
Address 19440 ARMEDA ROAD
City-State-Zip: ALVA FL 33920

Title D
Name CARY, GLENN
Address 18451 N OLGA DR
City-State-Zip: ALVA FL 33920

Title D
Name LOVELACE, JOHN
Address 17080 SCOUT CAMP ROAD
City-State-Zip: ALVA FL 33920

Title DIRECTOR, PRESIDENT
Name GREENWELL, MIKE
Address 18500 SR 31
City-State-Zip: ALVA FL 33920

Title DIRECTOR
Name SMITH, ADELE
Address 18140 RIVERCHASE CT
City-State-Zip: ALVA FL 33920

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: DENNIS VAN ROEKEL**DIRECTOR, TREASURER** 04/23/2017_____
Electronic Signature of Signing Officer/Director Detail_____
Date