

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortonham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR - 5 PM 3: 12

DOCUMENT # N16240 (6)

1. Corporation Name
TANGLEWOOD NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business Mailing Address
**KARL H WIELAND
6601 TANGLEWOOD DR NE
ST. PETERSBURG FL 33702
US**
**C/O WIELAND, KARL
6601 TANGLEWOOD DR. N.E.
ST. PETERSBURG FL 33702
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/06/1986** 3a. Date of Last Report **04/28/1994**
4. FEI Number **59-2682500** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**WIELAND, KARL H
6601 TANGLEWOOD DR NE
ST. PETERSBURG FL 33702**

10. Name and Address of Now Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Karl Wieland* DATE **3/27/95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MIECKOWSKI, TOM
STREET ADDRESS	1725 TANGLEWOOD DR NE
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	VD
NAME	RENOKE, MARK
STREET ADDRESS	6710 TANGLEWOOD DR NE
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	STD
NAME	WIELAND, KARL
STREET ADDRESS	6601 TANGLEWOOD DR. N.E.
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MOE, ATLE
1.3 STREET ADDRESS	1712 TANGLEWOOD DR NE
1.4 CITY-ST-ZIP	ST PETERSBURG, FL 33702
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MIECZKOWSKI, TOM
2.3 STREET ADDRESS	1725 TANGLEWOOD DR NE
2.4 CITY-ST-ZIP	ST PETERSBURG FL 33702
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	ST PETERSBURG FL 33702
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Karl Wieland* DATE **3/27/95** (813) 522-4794
Signature and typed or printed name of signing officer or director
KARL H WIELAND