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Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N16240 (6)
1. Corporation Name
TANGLEWOOD NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business % KARL H. WIELAND 6601 TANGLEWOOD DR NE ST PETERSBURG FL 33702 US	Mailing Address % KARL H. WIELAND 6601 TANGLEWOOD DR NE ST PETERSBURG FL 33702-4747 US
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3. Date Incorporated or Qualified 08/06/1986	3a. Date of Last Report 04/26/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-2682500	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WIELAND, KARL M
6601 TANGLEWOOD DR NE
ST PETERSBURG FL 33702**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Karl M Wieland* **4/4/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KUHN, JANICE	
STREET ADDRESS	6721 TANGLEWOOD DR NE	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BOADWAY, JACK	
STREET ADDRESS	1933 TANGLEWOOD DR NE	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WIELAND, KARL	
STREET ADDRESS	6601 TANGLEWOOD DR NE	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LORRAINE, BILL	
STREET ADDRESS	14303 MANDOLIN DR.	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	GREEN, SHIRLEY	
STREET ADDRESS	14409 DULCIMER CT.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Karl M Wieland* **4/4/97 (813) 522-4794**

CR2E037 (9/96)