

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N16240

1. Entity Name

TANGLEWOOD NEIGHBORHOOD ASSOCIATION, INC.



**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

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  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2682500

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WIELAND, KARL H  
6601 TANGLEWOOD DR NE  
ST PETERSBURG FL 33702

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME KUHN, JANICE  
STREET ADDRESS 6721 TANGLEWOOD DR NE  
CITY-STATE-ZIP ST PETERSBURG FL 33702

TITLE VD ☐ Delete  
NAME BOADWAY, JACK  
STREET ADDRESS 1933 TANGLEWOOD DR NE  
CITY-STATE-ZIP ST PETERSBURG FL 33702

TITLE STD ☐ Delete  
NAME WIELAND, KARL  
STREET ADDRESS 6601 TANGLEWOOD DR NE  
CITY-STATE-ZIP ST PETERSBURG FL 33702

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000624103  
CITY-STATE-ZIP 02/14/07-80017-017 61.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Karl H. Wieland*

2/2/07

(727) 522-4794

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Print me Phone #