

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 720690 (7)**

1. Corporation Name

**WALSINGHAM APARTMENTS INC.**

**FILED**  
95 JAN 23 AM 9 22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
14531 WALSINGHAM ROAD OFFICE #125 LARGO FL 34644 US	14531 WALSINGHAM ROAD OFFICE #125 LARGO FL 34644 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/09/1971</b>	3a. Date of Last Report <b>03/22/1994</b>
4. FEI Number <b>59-1788276</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	29
25	30

**9. Name and Address of Current Registered Agent**

**BAUM, DALE E.  
14171 HETTRICK CIRCLE, SOUTH  
LARGO FL 34644**

**10. Name and Address of New Registered Agent**

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

**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 Dale E. Baum Mgr. DALE E. BAUM DATE 1-17-95

**12. OFFICERS AND DIRECTORS**

(NOTE: Registered Agent Signature required when registering)

DATE

TITLE	<b>P</b>
NAME	<b>STARCK, GEROLD</b>
STREET ADDRESS	<b>2217 PRAIRIE</b>
CITY - ST - ZIP	<b>AURORA IL</b>
TITLE	<b>VP</b>
NAME	<b>CARBONARO, JOSEPH</b>
STREET ADDRESS	<b>1464 ORANGE STREET</b>
CITY - ST - ZIP	<b>CLEARWATER FL</b>
TITLE	<b>SD</b>
NAME	<b>MILLER, JAMES</b>
STREET ADDRESS	<b>1051 N. ELMWOOD</b>
CITY - ST - ZIP	<b>AURORA IL</b>
TITLE	<b>TD</b>
NAME	<b>LEDEN, OTTO</b>
STREET ADDRESS	<b>738 DUNCAN DRIVE</b>
CITY - ST - ZIP	<b>AURORA IL</b>
TITLE	<b>D</b>
NAME	<b>MILLER, FRANK</b>
STREET ADDRESS	<b>BOX 61 BARNARD RD.</b>
CITY - ST - ZIP	<b>GRANDVILLE MA</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<b>ZIP 60506</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<b>ZIP 34616</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<b>ZIP 60506</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<b>ZIP 60506</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	<b>ZIP 01034</b>
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 119.07(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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dale E. Baum DALE BAUM MGR. DATE 1-17-95 (813) 595-5910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #