

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **720690** (7)
1. Corporation Name
WALSINGHAM APARTMENTS INC.



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

3. Date Incorporated or Qualified: 04/09/1971
3a. Date of Last Report: 01/23/1995
4. FEI Number: 59-1788276 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

BAUM, DALE E.
14171 HETRICK CIRCLE, SOUTH
LARGO FL 34644

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: Dale E. Baum Mgr. (NOTE: Registered Agent signature required when reinstating) DATE: 1-25-96

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	STARCK, GEROLD	
STREET ADDRESS	2217 PRAIRIE	
CITY - ST - ZIP	AURORA IL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CARBONARO, JOSEPH	
STREET ADDRESS	1484 ORANGE STREET	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MILLER, JAMES	
STREET ADDRESS	1051 N. ELMWOOD	
CITY - ST - ZIP	AURORA IL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEDEN, OTTO	
STREET ADDRESS	738 DUNCAN DRIVE	
CITY - ST - ZIP	AURORA IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, FRANK	
STREET ADDRESS	BOX 61 BARNARD RD.	
CITY - ST - ZIP	GRANDVILLE MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAMES MILLER	
1.3 STREET ADDRESS	1051 N. ELMWOOD	
1.4 CITY - ST - ZIP	AURORA, ILL. 60506	
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOSEPH CARBONARO	
2.3 STREET ADDRESS	1464 ORANGE ST.	
2.4 CITY - ST - ZIP	CLEARWATER, FLA. 34616	
3.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FRANK MILLER	
3.3 STREET ADDRESS	BOX 61 BARNARD RD.	
3.4 CITY - ST - ZIP	GRANDVILLE, MASS. 01034	
4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JAMES BLAND	
4.3 STREET ADDRESS	619 PRAIRIE	
4.4 CITY - ST - ZIP	PLANO, ILL. 60545	
5.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	OTTO LEDEN	
5.3 STREET ADDRESS	738 DUNCAN DRIVE	
5.4 CITY - ST - ZIP	AURORA, ILL. 60506	
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)(k), 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: Dale E. Baum (813) 595-5910
DATE: 1-25-96 DAYTIME PHONE #

CR2E037 (12/95)