NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90098 040 ****61.25

חסכו	INTENIT	# '	700	600
DUC	JMENT	#	//U	ทษบ

1. Corporation Name

WALSINGHAM APARTMENTS INC.

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

OFFICE #125		OFFICE #125				
LARGO FL 346 US	44	LARGO FL 34644 US			1 100111 18010 sints naten dizin jatte nate nate nebti min	it Athri bidit Aibit aimit iant
US		03				
2 Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed	
—	lace of Dusiness	26			- 04/09/1971	
Suite, Apt.	# etc	Suite, Apt. #, etc.			4. FEI Number	Applied For
22	n, 0.00.	27			59-1788276	Not Applicable
City & Stat		City & State				\$8.75 Additional
23	-	28			5. Certifcate of Status Desired	Fee Required
Zip	Country		Country	,	6. Election Campaign Financing	\$5.00 May Be
24	25	29 30			Trust Fund Contribution .	Added to Fees
1	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent
			81	Name		
LAMBERT,		•	82	Street	Address (P.O. Box Number is Not Acceptable)	
	KHURST RD		83	 		
Largo fl	. 33774		00			
		•	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	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regi	istered Age	nt signature r	required when rainstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	PD	☐ OELETE	1.1 TITLE		,	☐ Change ☐ Addition
NAME	MILLER, JAMES		1.2 NAME	i		
STREET ADDRESS	l '		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL 34446		1.4 CITY-S	T-ZIP		

☐ Addition ☐ DELETE 2.1 TITLE ☐ Change TITLE 2.2 NAME NAME KELLEY, MICHAEL 2.3 STREET ADDRESS STREET ADDRES 610 STATE ST 2. 4 CITY-ST-ZIP YORKVILLE IL 60560 CITY-ST-ZIP Change Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME BALLANTYNE, STEVE 3.3 STREET ADDRESS STREET ADDRESS **507 COMMISSINERS RD E** CITY-ST-ZIP <u>LONDON ONTARIO CA N6C 2</u> 3.4. CITY-ST-ZIP □ DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME **BLAND, JAMES** *330* 619 PRAIRIE 4.3 STREET ADDRESS I R A DR. STREET ADDRESS 4.4 CITY-ST-ZIP AURORA, IL. PLANO IL 60545 CITY-ST-ZIP ☐ Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME LEDEN, OTTO 5.3 STREET ADDRESS 738 DUNCAN DRIVE STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP AURORA IL 60506 ☐ Change Addition 6.1 TITLE □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

1-2699 (327) 595 5910