


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Sep 01, 2004 8:00 am
Secretary of State

09-01-2004 90007 013 ****61.25

DOCUMENT # 720690			
1. Entity Name WALSINGHAM APARTMENTS INC.			
Principal Place of Business 14531 WALSINGHAM ROAD OFFICE #125 LARGO FL 33774 US		Mailing Address 14531 WALSINGHAM ROAD OFFICE #125 LARGO FL 34644 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO. BOX 8098 Suite, Apt. #, etc.	
City & State		City & State SEMINOLE, FL	
Zip	Country	Zip	Country
33775	US	33775	US
6. Name and Address of Current Registered Agent KELLEY, CHARMAINE 14531 WALSINGHAM ROAD., #208 LARGO FL 33774		7. Name and Address of New Registered Agent Name Debbie Sawa-Szostak Street Address (P.O. Box Number is Not Acceptable) 13885 Meares Dr City Largo FL Zip Code 33774	
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 <i>Debbie Sawa-Szostak</i> Debbie Sawa-Szostak 8/29/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALLANTYNE, STEVE 507 COMMISSINERS RD E LONDON ONTARIO CANADA N6C2 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLAND, JAMES 330 L R A DR AURORA IL 60506 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEDEN, OTTO 58 S. WALNUT DR N. AURORA IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SZOSTAK-SAWA, PETER 13885 MEARES DR LARGO FL 33774 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMMER, JOE 461 S SPENCER STREET AURORA IL 60505 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



MOORE CR2E037 (4/04)

4. FEI Number **59-1788276** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

12. 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 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: *[Signature]* **8/29/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #