
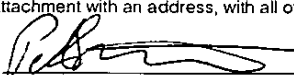


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90036 049 ****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 P.O. BOX 8098 SEMINOLE FL 33775 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SAWA SZOSTAK, DEBBIE 13885 MEARES DR LARGO FL 33774		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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 checked="" 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	PD Sawa - Szostak, Peter <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13885 Meares Dr Largo FL 33774
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	VP Ammer, Joe <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1848 Kenilworth Pl Aurora IL 60506-5247
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Plumlee, Patricia <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 417 1st St Ind Rocks Beach Fl 33785
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:  Peter Sawa-Szostak		Date: 7/27/05 Daytime Phone #: 727-6439255	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			