
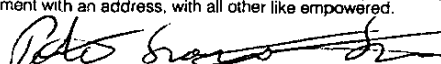


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90026 034 ****61.25

DOCUMENT # 720690					
1. Entity Name WALSINGHAM APARTMENTS INC.					
Principal Place of Business 14531 WALSINGAM 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	4. FEI Number 59-1788276	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SAWA SZOSTAK, DEBBIE 13885 MEARES DR LARGO, FL 33774			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PLUMLEE, PATRICIA		NAME		
STREET ADDRESS	417 1ST ST		STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLAND, JAMES		NAME	SD Bland, James	
STREET ADDRESS	330 L R A DR		STREET ADDRESS	38 S. Walnut Dr	
CITY-ST-ZIP	AURORA, IL 60506		CITY-ST-ZIP	No Aurora, IL 60542	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEDEN, OTTO		NAME		
STREET ADDRESS	58 S. WALNUT DR N.		STREET ADDRESS		
CITY-ST-ZIP	AURORA, IL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SZOSTAK-SAWA, PETER		NAME	PD Sawa-Szostak, Peter	
STREET ADDRESS	13885 MEARES DR		STREET ADDRESS	13885 Meares Dr	
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP	Largo FL 33774	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AMMER, JOE		NAME		
STREET ADDRESS	1848 KENILWORTH PL		STREET ADDRESS		
CITY-ST-ZIP	AURORA, IL 605065247		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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		1/16/06 727-595-9546	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	