
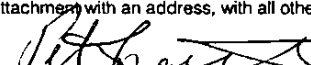


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90036 045 ****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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-1788276			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLUMLEE, PATRICIA 417 1ST ST INDIAN ROCKS BEACH, FL 33785	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLAND, JAMES 38 S. WALNUT DR NORTH AURORA, IL 60542	<input type="checkbox"/> Delete			
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	PD SAUOA-SZOSTAK, PETER 13885 MEARES DR LARGO, FL 33774	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AMMER, JOE 1848 KENILWORTH PL AURORA, IL 605065247	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Miller, James 1707 Garfield Ave Aurora IL 60506	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Sawa-Szostak, Peter 13885 Meares Dr Largo, FL 33774	<input checked="" type="checkbox"/> Change (Spelling) <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Sawa-Szostak, Peter 13885 Meares Dr Largo, FL 33774	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Sawa-Szostak, Peter 13885 Meares Dr Largo, FL 33774	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 2/4/07 727-95546					