


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 720690</b> 1. Entity Name <b>WALSINGHAM APARTMENTS INC.</b>	
---	---

Principal Place of Business <b>14531 WALSINGAM ROAD OFFICE #125 LARGO, FL 33774 US</b>	Mailing Address <b>P.O. BOX 8098 SEMINOLE, FL 33775 US</b>
---	---

**DO NOT WRITE IN THIS SPACE**



01062008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-1788276</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
**SAWA SZOSTAK, DEBBIE  
13885 MEARES DR  
LARGO, FL 33774**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JAMES 1707 GARFIELD AVE AURORA, IL 60506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLAND, JAMES 38 S. WALNUT DR NORTH AURORA, IL 60542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEDEN, OTTO 58 S. WALNUT DR N. AURORA, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAWA-SZOSTAK, PETER 13885 MEARES DR LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AMMER, JOE 1848 KENILWORTH PL AURORA, IL 605065247
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000809250  
02/08/08-80015-009 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 Sawas** 1/25/08 727-595-9546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #