

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90008 005 \*\*\*\*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

**14531 WALSINGAM ROAD  
OFFICE #125  
LARGO FL 34644  
US**

70002243



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1788276**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KELLEY, CHARMAINE  
14531 WALSINGAM ROAD., #208  
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

*Charmaine Kelly*

Signature, typed or printed name of registered agent and title (applicable).

(NOTE: Registered Agent signature required when reinstating)

**1-7-03**  
DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	PD BALLANTYNE, STEVE	<input type="checkbox"/> Delete
STREET ADDRESS	507 COMMISSINERS RD E	
CITY-ST-ZIP	LONDON ONTARIO CANADA N6C2	
TITLE NAME	SD BLAND, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS	330 L R A DR	
CITY-ST-ZIP	AURORA IL 60506	
TITLE NAME	TD LEDEN, OTTO	<input type="checkbox"/> Delete
STREET ADDRESS	58 S. WALNUT DR N.	
CITY-ST-ZIP	AURORA IL	
TITLE NAME	VP SZOSTAK-SAWA, PETER	<input type="checkbox"/> Delete
STREET ADDRESS	13885 MEARES DR	
CITY-ST-ZIP	LARGO FL 33774	
TITLE NAME	D AMMER, JOE	<input type="checkbox"/> Delete
STREET ADDRESS	461 S SPENCER STREET	
CITY-ST-ZIP	AURORA IL 60505	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *Steve Ballantyne* **Jan 7/2003** **1-519-686-4008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)