

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 16 AM 10:39

DOCUMENT # P93000081012 (5)

1. Corporation Name
W.L. APARTMENTS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: WALDEN LAKEWOOD APTS, 602 E. ALEXANDER STREET, PLANT CITY FL 33568
Mailing Address: WALDEN LAKEWOOD APTS, 602 E. ALEXANDER STREET, PLANT CITY FL 33568

3. Date Incorporated or Qualified: 11/23/1993
3a. Date of Last Report: 04/13/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0449888		Not Applicable	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>		<input type="checkbox"/>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>		<input type="checkbox"/>	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes			
24	25	29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALDEN, LAKEWOOD APARTMENTS
% KAREN KING
602 E. ALEXANDER STREET
PLANT CITY FL 33568

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHMAN, RICHARD P	1.2 NAME	
STREET ADDRESS	10 VALLEY DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06831	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHELSON, ERIC	2.2 NAME	
STREET ADDRESS	570 TAXTER RD SUITE 420	2.3 STREET ADDRESS	
CITY-ST-ZIP	ELMSFORD NY 10523	2.4 CITY-ST-ZIP	
TITLE	VCD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACH, SUSAN	3.2 NAME	
STREET ADDRESS	570 TAXTER ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ELMSFORD NY	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, DEBRA	4.2 NAME	
STREET ADDRESS	570 TAXTER ROAD SUITE 420	4.3 STREET ADDRESS	
CITY-ST-ZIP	ELMSFORD FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Eric Richelson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Signature Date