FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P93000081012 (5)

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

Principal Place of Business	Mailing Address
WALDEN LAKEWOOD APTS. 602 E. ALEXANDER STREET PLANT CITY FL 33566	WALDEN LAKEWOOD APTS. 602 E. ALEXANDER STREET PLANT CITY FL 33566-7161

3. Date Incorporated or Qualified: 11/23/1993
3a. Date of Last Report: 08/14/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 65-0449888 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
WALDEN, LAKEWOOD APARTMENTS
% KAREN KING
602 E. ALEXANDER STREET
PLANT CITY FL 33566

10. Name and Address of New Registered Agent
81 Name: WALDEN LAKEWOOD APTS c/o ROY PINGITORE
82 Street Address (P.O. Box Number is Not Acceptable): 602 E. ALEXANDER ST
83
84 City: PLANT CITY FL 85 Zip Code: 33566

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: ROY PINGITORE REGIONAL V.P. 3/11/97
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	RICHMAN, RICHARD P	
STREET ADDRESS	10 VALLEY DR	
CITY-ST-ZIP	GREENWICH CT 06831	
TITLE	D	☐ DELETE
NAME	RICHELSON, ERIC	
STREET ADDRESS	570 TAXTER RD SUITE 420	
CITY-ST-ZIP	ELMSFORD NY 10523	
TITLE	VCD	☑ DELETE
NAME	BACH, SUSAN	
STREET ADDRESS	570 TAXTER ROAD	
CITY-ST-ZIP	ELMSFORD NY	
TITLE	S	☐ DELETE
NAME	REID, DEBRA	
STREET ADDRESS	570 TAXTER ROAD SUITE 420	
CITY-ST-ZIP	ELMSFORD FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	REGIONAL VICE PRES	☐ Change ☑ Addition
3.2 NAME	ROY PINGITORE	
3.3 STREET ADDRESS	840 5TH AVE	
3.4 CITY-ST-ZIP	VERO BEACH, FL 32960	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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: 1/29/97 561-770-4440

CR2E034 (9/96)