

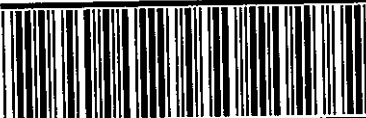
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Annual Return



THE REGISTRAR OF COMPANIES
 COMPANIES HOUSE
 CROWN WAY
 CARDIFF
 CF4 3



A07 *AVDCAUEC* 724
 COMPANIES HOUSE 29/03/97

of company number 00936333 D

company name
 ALBEMARLE FLATS(YORK)LIMITED

company type
 PRIVATE COMPANY LIMITED BY GUARANTEE
 WITHOUT SHARE CAPITAL

This form should be completed in black.

The information printed below is taken from Companies House records as at 06/03/97
 If this information requires amendment use the spaces opposite.

Date of this return *(See note 1)*

The information in this return should be made up to a date not later than

Day	Month	Year
2	0	9
2	3	7

If you are making the return up to an earlier date, show the date here. Please note that the form must be delivered to Companies House within 28 days of this earlier date.

Day	Month	Year

Date of next return *(See note 2)*

If you wish to make your next return to a date earlier than the anniversary of this return please show the date here. Companies House will then send a form at the appropriate time.

Day	Month	Year

Registered Office *(See note 3)*

This is the address registered by Companies House.
 18 BANK STREET
 WETHERBY
 WEST YORKSHIRE
 LS22 4NQ

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Principal business activities *(See note 4)*

Trade classification is
 9600 RESIDENTS PROPERTY MANAGEMENT

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If the code cannot be determined from the notes, give a brief description of principal activity.

If the information shown needs amendment, give details below and, for secretary and director particulars, the date of any change.

Register of members (See note 5)

The register is kept at

REGISTERED OFFICE

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Register of debenture holders (See note 6)

Any register of debenture holders (or duplicate) is kept at

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Company Secretary (See note 7)

Particulars of a new secretary **must** be notified on form 288.

NADINE MARGARET
RIDER
12 ST JAMES MOUNT
YORK
NORTH YORKSHIRE YO2 1EL

Day	Month	Year

Date of any change.

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If this person has ceased to be secretary, please state when.

Day	Month	Year

Date of resignation.

Directors (See note 7)

Particulars of a new director **must** be notified on form 288.

ANN HILARY MARY
ARNOLD
14 ST JAMES MOUNT
YORK
NORTH YORKSHIRE YO2 1EL

Day	Month	Year

Date of any change.

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Date of Birth:- 16/11/31
Nat:BRITISH
Occ:RETIRED

If this person has ceased to be director, please state when.

Day	Month	Year

Date of resignation.

Show any relevant current and previous directorships.

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If the information shown needs amendment, give details below and the date of any change.

Directors - continued

Particulars.

Day Month Year

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Date of any change.

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AMOS STUART
ASQUITH
16 ST JAMES MOUNT
YORK
NORTH YORKSHIRE YO2 1EL

Date of Birth:- 16/07/15
Nat:BRITISH
Occ:RETIRED

If this person has ceased to be director, please state when.

Day Month Year

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Date of resignation.

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Show any relevant current and previous directorships.

Particulars.

Day Month Year

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Date of any change.

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TERRENCE
CAPES
2 ST JAMES MOUNT
YORK
NORTH YORKSHIRE YO2 1EL

Date of Birth:- 03/05/28
Nat:BRITISH
Occ:RETIRED

If this person has ceased to be director, please state when.

Day Month Year

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Date of resignation.

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Show any relevant current and previous directorships.

Particulars.

Day Month Year

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Date of any change.

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IRENE MILLICENT
GIBBONS
6 ST JAMES MOUNT
YORK
NORTH YORKSHIRE YO2 1EL

Date of Birth:- 02/07/15
Nat:BRITISH
Occ:RETIRED

If this person has ceased to be director, please state when.

Day Month Year

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Date of resignation.

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Show any relevant current and previous directorships.

If the information shown needs amendment, give details below and the date of any change.

Directors - continued

Particulars.

HARRY WHALEY
GREEN
8 ST JAMES MOUNT
YORK
NORTH YORKSHIRE YO2 1EL

Day Month Year
| | | | | |

Date of any change.

Date of Birth:- 12/11/26
Nat:BRITISH
Occ:RETIRED

If this person has ceased to be director, please state when.

Day Month Year
| | | | | |

Date of resignation.

Show any relevant current and previous directorships.

Particulars.

DESMOND WILLIAM
MANSBRIDGE
10 ST JAMES MOUNT
YORK
NORTH YORKASHIRE YO2 1EL

Day Month Year
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Date of any change.

Date of Birth:- 26/05/34
Nat:ENGLISH
Occ:RETIRED

If this person has ceased to be director, please state when.

Day Month Year
| | | | | |

Date of resignation.

Show any relevant current and previous directorships.

Particulars.

PHYLLIS
SHONFELD
4 ST JAMES MOUNT
YORK
NORTH YORKSHIRE YO2 1EL

Day Month Year
| | | | | |

Date of any change.

Date of Birth:- 10/01/07
Nat:BRITISH
Occ:RETIRED

If this person has ceased to be director, please state when.

Day Month Year
| | | | | |

Date of resignation.

Show any relevant current and previous directorships.

If the information shown needs amendment, give details below and the date of any change.

Directors - continued

Particulars.

Day	Month	Year

Date of any change.

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NO MORE DIRECTORS - ADDITIONAL SECRETARIES OR DIRECTORS MUST BE NOTIFIED ON FORM 288a.

If this person has ceased to be director, please state when.

Day	Month	Year

Date of resignation.

Show any relevant current and previous directorships.

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Particulars.

Day	Month	Year

Date of any change.

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NO MORE DIRECTORS - ADDITIONAL SECRETARIES OR DIRECTORS MUST BE NOTIFIED ON FORM 288a.

If this person has ceased to be director, please state when.

Day	Month	Year

Date of resignation.

Show any relevant current and previous directorships.

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Particulars.

Day	Month	Year

Date of any change.

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NO MORE DIRECTORS - ADDITIONAL SECRETARIES OR DIRECTORS MUST BE NOTIFIED ON FORM 288a.

If this person has ceased to be director, please state when.

Day	Month	Year

Date of resignation.

Show any relevant current and previous directorships.

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Elective resolutions (See note 10)
(Private companies only)

If an elective resolution is in force at the date of this return to dispense with annual general meetings, mark this box.

If an elective resolution is in force at the date of this return to dispense with laying accounts in general meetings, mark this box.

Certificate

I certify that the information given in this return is true to the best of my knowledge and belief.

Signed

M. J. Dixon

Secretary/Director *
**(delete as appropriate)*

I enclose the fee of £ 15.

Date

Cheques should be made payable to **Companies House.**

This return includes _____ continuation sheets.
(enter number)

To whom should Companies House direct any enquiries about the information shown in this return?

Mrs J Dixon

White Rose Property Management

18 Bank Street,

Wetherby LS22 6NQ Postcode

Telephone 01937 580666 Ext