

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F00000002223**

1. Entity Name  
**REALTY ASSOCIATES IOWA CORPORATION**



Principal Place of Business  
**C/O TA ASSOCIATES REALTY  
28 STATE STREET, 10TH FLOOR  
BOSTON, MA 02109**

Mailing Address  
**C/O TA ASSOCIATES REALTY  
28 STATE STREET, 10TH FLOOR  
BOSTON, MA 02109**



02022006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3433125**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PCD
NAME	RUANE, MICHAEL A
STREET ADDRESS	28 STATE STREET, 10TH FLOOR
CITY-ST-ZIP	BOSTON, MA 02109
TITLE	VTS
NAME	EGAN, RICHARD G JR
STREET ADDRESS	28 STATE STREET 10TH FLOOR
CITY-ST-ZIP	BOSTON, MA 02109
TITLE	AS
NAME	MANGO, KAREN
STREET ADDRESS	28 STATE STREET, 10TH FLOOR
CITY-ST-ZIP	BOSTON, MA 02109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 607, 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: Michael Ruane, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06 617 476 2700

Date

Daytime Phone #