

2004 FOR PROFIT CORPORATION ANNUAL REPORT

1082

DOCUMENT # F01000002079

1. Entity Name
REALTY ASSOCIATES FUND V TEXAS CORPORATION



FILED

04 FEB 25 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3463134

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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, 2004 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 ☐ Delete
NAME RUANE, MICHAEL A
STREET ADDRESS 28 STATE STREET, 10TH FLOOR
CITY-ST-ZIP BOSTON, MA 02109

TITLE VST ☒ Delete
NAME NEHER, ANDREW M
STREET ADDRESS 28 STATE STREET, 10TH FLOOR
CITY-ST-ZIP BOSTON, MA 02109

TITLE AS ☐ Delete
NAME MAGNO, KAREN
STREET ADDRESS 28 STATE STREET, 10TH FLOOR
CITY-ST-ZIP BOSTON, MA 02109

TITLE PCD ☒ Delete
NAME RUANE, MICHAEL A
STREET ADDRESS 28 STATE STREET, 10TH FLOOR
CITY-ST-ZIP BOSTON, MA 02109

TITLE VST ☐ Delete
NAME EGAN, RICHARD G JR.
STREET ADDRESS 28 STATE STREET, 10TH FLOOR
CITY-ST-ZIP BOSTON, MA 02109

TITLE VD ☐ Delete
NAME HARMELING, MARK M
STREET ADDRESS 28 STATE STREET, 10TH FLOOR
CITY-ST-ZIP BOSTON, MA 02109

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D Posternak, Noel
STREET ADDRESS 28 State St. 10th Floor, Boston, MA
CITY-ST-ZIP 02109

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

600029412966

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 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:

Richard G. Egan, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/04 617 476 2700

Date

Daytime Phone #

Richard G. Egan, Jr., Sr. VP, Treasurer & Secretary



CORPORATION SERVICE COMPANY™

2012

ACCOUNT NO. : 072100000032

REFERENCE : 456921 4304937

AUTHORIZATION :

COST LIMIT : \$ 150.00

Patricia Pigute

ORDER DATE : February 24, 2004

ORDER TIME : 1:50 PM

ORDER NO. : 456921-010

CUSTOMER NO: 4304937

CUSTOMER: Anne T. Leland, Legal Asst
Mintz, Levin, Cohn, Ferris,
One Financial Center

Boston, MA 02111

ANNUAL REPORT FILING

NAME: REALTY ASSOCIATES FUND V TEXAS
CORPORATION

RECEIVED
04 FEB 25 PM 3:15
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext. 2940

EXAMINER'S INITIALS: _____