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Apr 04 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 # F95000001406 (6)

1. Corporation Name

REALTY ASSOCIATES FUND III TEXAS CORPORATION



Principal Place of Business

C/O TA ASSOCIATES REALTY  
45 MILK ST.  
BOSTON MA 02109

Mailing Address

C/O TA ASSOCIATES REALTY  
45 MILK ST.  
BOSTON MA 02109-5105

3. Date Incorporated or Qualified

03/23/1995

3a. Date of Last Report

03/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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30

4. FEI Number

04-3257247

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC ☐ DELETE  
NAME RUANE, MICHAEL A  
STREET ADDRESS C/O TA ASSOCIATES REALTY, 45 MILK ST.  
CITY-ST-ZIP BOSTON MA 02109

TITLE PDS ☐ DELETE  
NAME SEGEL, ARTHUR I  
STREET ADDRESS C/O TA ASSOCIATES REALTY, 45 MILK ST.  
CITY-ST-ZIP BOSTON MA 02109

TITLE T ☒ DELETE  
NAME DEGAETA, ROBERT A  
STREET ADDRESS C/O TA ASSOCIATES REALTY, 45 MILK ST.  
CITY-ST-ZIP BOSTON MA 02109

TITLE V ☐ DELETE  
NAME NEHER, ANDREW M  
STREET ADDRESS C/O TA ASSOCIATES REALTY, 45 MILK ST.  
CITY-ST-ZIP BOSTON MA 02109

TITLE D ☐ DELETE  
NAME POSTERNAK, NOEL  
STREET ADDRESS 100 CHARLES RIVER PLAZA  
CITY-ST-ZIP BOSTON MA 02114

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 P/D ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE T/S ☐ 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 V ☐ Change ☒ Addition  
6.2 NAME Margaret A. Stewart  
6.3 STREET ADDRESS 45 Milk St.  
6.4 CITY-ST-ZIP Boston, MA 02109

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 6060088

CR2E034 (9/96)