

Texas Franchise Tax No Tax Due Information Report

■ Tcode 13255 Annual Franchise	
Taxpayer number ■ Report year Due date	Privilege period covered by this report
2 0 1 4 05/15/2014	01/01/2014 — 12/31/2014
Taxbayer name Chapter of the Netl Assoc of Residentia (Mailing address	Secretary of State file number Prop HqrS or Comptroller file number
PO BOX 2810S	Plus 4 Blacken circle if the
City Hustin State Country ZIP Code 78.76	
Blacken circle if this is a combined report	SIC code NAICS code
Blacken circle if Total Revenue is adjusted for Tiered Partnership Election, see instructions.*	
	than a Corporation or Limited Liability Company
*Note: Upper tiered partnerships do not qualify to use this form.	
if any of the statements below are true, you qualify to file this <u>No Tax Due Informa</u> (Blacken all circles that apply)	поп керог:
 This entity is a passive entity as defined in Chapter 171 of the Texas Tax Code. (Passive income does NOT include rent) This entity's annualized total revenue is below the no tax due threshold. (see instance) 	4
3. This entity has zero Texas Gross Receipts.	з. 🖀 🔘
 This entity is a Real Estate Investment Trust (REIT) that meets the qualification in section 171.0002(c)(4). 	s specified 4. \blacksquare \bigcirc
5a. Accounting year begin date 5a.	76ar 5b.
6. TOTAL REVENUE (Whole dollars only) 6.	3177900
Print or type name Leola Lamb	Area code and phone number ()
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief. Sign	Mail original to: Texas Comptroller of Public Accounts P.O. Box 149348 Austin, TX 78714-9348
If you have any questions regarding franchise tax, you may contact the Texas Comptroller's field	office in your area or call 1-800-252-1381.

Instructions for each report year are online at www.window.state.tx.us/taxinfo/taxforms/05-forms.html.

Texas Comptroller Official Use Only		
	VE/DE	0
	PM Date	



Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions
This report MUST be signed and filed to satisfy franchise tax requirements

■ Tcode 13196 Franchise

- 160ac 10100 Hallottise						
Taxpayer number	■ Report year	7		You have certain rig ment Code, to review,		
3 14 10 15 10 10 1 19 15 8 0 1 Taxpayer name	2 0 1 2	Property	we	have on file about you	u. Contact us at 1-4	800-252-1381.
The Austin Chapter of the Natl Ac Mailing address	soc of Residen	ntial physti	() 812	cken circle if the ma	State (SOS) file	
City 1 Istate	_	ID Code Int.		Comptroller		number or
Hustin TX		78755	ıs 4 		121723	
Blacken circle if there are currently no changes from previous	year; if no information is o	lisplayed, complete ti	he applicabl	e information in Se	ctions A, B and C.	
Principal office						
Principal place of business	<u>-</u>					
Officer, director and manager information is completed. The information report. There is no requirement or officers, directors, or managers chain	on is updated annually a procedure for supplement	s part of the franching the information	ico tav		00000000	014
SECTION A Name, title and mailing address of each office						
Greg Doering	Title	Direc		Term :	m d d	уу
	Presiden	1	YES	expiration	231	13
Mailing address 2311 Greehill Dr. Ste 250	City Round Ro	ck		State TX	ZIP Code 180	064
Name	1	D.1.C.	j	Term	m d d	уу
Leola Lamb	Pres. Ele	CT W	YES	expiration 1	231	113
Malling address Box 9091	Hustin			StateX	ZIP COS	tleb
Name	Title	Direc	1	Term m	m d d	<u> </u>
Stuart Mencher	reasurer			expiration	231	13
Mailing address BOX 1753	Cedar Pa	rk		State TX	ZIP Code	60
SECTION B Enter the information required for each corpo	ration or LLC, if any, in	which this entity o	wns an inte	erest of 10 percer	nt or more.	
Name of owned (subsidiary) corporation or limited liability company	State of for	mation	Texas SOS 1	file number, if any	Percentage of or	wnership
Name of owned (subsidiary) corporation or limited liability company	State of for	mation	Texas SOS t	file number, if any	Percentage of or	wnership
SECTION C Enter the information required for each corpoliability company.			·———			
Name of owned (parent) corporation or limited liability company	State of for	mation	Texas SOS f	file number, if any	Percentage of o	wnership
Registered agent and registered office currently on file (see instructions	if you need to make changes	,	Blacken	circle if you need for	orms to change	Formation
Agent:		ity	the regis	tered agent or reg	ZIP Cod	
Office: The above information is required by Section 171.203 of the Tax Code for	er each corporation or limite	d liability company tha	at files a Texa	s Franchise Tax Repo	rt. Use additional	 sheets
for Sections A, B, and C, if necessary. The information will be available for	r public inspection.					
I declare that the information in this document and any attachments is been mailed to each person named in this report who is an officer, dire	ctor or manager and who is	not currently employe	ed by this, or a	a related, corporation	or limited liability	y company.
sign sola tamb	Title	Date 5	15/14	L Area o	ode and phone n	umber
Tex	as Comptroller Off	icial Use Only				
	<u> </u>			VE/DE	PIR IND	0

Additional Officers/Directors

The Austin Chapter of the National Association of Residential Property Managers

2013

Gary Knippa	Past President	Yes	12/31/2013
PO Box 162906	Austin, TX	78716	
Matt Leschber	VP of Programs	Yes	12/31/2013
1704 South Congress	Austin, TX	78704	
Richard Elias	Secretary	Yes	12/31/2013
11900 Jollyville Rd.	Austin, TX	78759	
Tawny Worth	V P of Communication	s Yes	12/31/2013
2311 Greenhill Dr. Ste 250	Round Rock, TX	78664	