2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2001 08:00 AM
Secretary of State

DOCUMENT # **N27151**

1. Entity Name
THE RENEGADE CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
KRM MANAGEMENT 431 WAVERLY RD TALLAHASSEE FL 32312 US	KRM MANAGEMENT 431 WAVERLY RD TALLAHASSEE FL 32312 US

DO NOT WRITE IN THIS SPACE

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 **59-2819120** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ISAACS, DAN LEE
% KRM REALTY, INC.
431 WAVERLY RD.
TALLAHASSEE FL
32312 US

7. Name and Address of New Registered Agent

Name
ISAACS DAN L
Street Address (P.O. Box Number is Not Acceptable)
431 WAVERLY ROAD
City TALLAHASSEE **FL** Zip Code 32312

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.

SIGNATURE **DAN LEE ISAACS** **04/22/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SULLIVAN AUDREY 3189 BRACKTON WAY TALLAHASSEE FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SUTER THOMAS 320 STARMOUNT DRIVE TALLAHASSEE FL 32303	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRENCH MICHELLE 2013 NEZ PERCE TR. TALLAHASSEE FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FRENCH MICHELLE 2013 NEZ PERCE TR. TALLAHASSEE FL 32303	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OSTEN HOMER 6700 TREASURE OAKS CIR TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD OSTEN HOMER 6700 TREASURE OAKS CIR TALLAHASSEE FL 32308	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/00)

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 617, 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: Homer Ooten Trea 04/22/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #