## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N27151

Entity Name: THE RENEGADE CONDOMINIUMS ASSOCIATION, INC.

FILED Apr 29, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

KRM MANAGEMENT 431 WAVERLY RD

TALLAHASSEE, FL 32312 US

Current Mailing Address: New Mailing Address:

KRM MANAGEMENT 431 WAVERLY RD

TALLAHASSEE, FL 32312 US

FEI Number: 59-2819120 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ISAACS, DAN L 431 WAVERLY ROAD TALLAHASSEE, FL 32312 US

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:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD () Delete

Name: OSTEN, HOMER

Address: 6700 TREASURE OAKS CIR City-St-Zip: TALLAHASSEE, FL 32308

Title: SD ( ) Delete Name: FRENCH, MICHELLE

Address: 2013 NEZ PERCE TR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: PD ( ) Delete Name: SUTER, THOMAS

Address: 320 STARMOUNT DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD (X) Change ( ) Addition

Name: O0TEN, HOMER

Address: 6700 TREASURE OAKS CIR City-St-Zip: TALLAHASSEE, FL 32308

Title: PD (X) Change ( ) Addition

Name: FRENCH, MICHELLE
Address: 19722 N. BY NW ROAD
City-St-Zip: TALLAHASSEE, FL 32310

Title: SD (X) Change ( ) Addition

Name: SUTER, THOMAS
Address: 320 STARMOUNT DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE FRENCH PRES 04/29/2002