2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# N27151

Entity Name: THE RENEGADE CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business:

KRM MANAGEMENT
431 WAVERLY RD
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

Current Mailing Address:

KRM MANAGEMENT
431 WAVERLY RD
TALLAHASSEE, FL 32312 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: TD ( ) Delete
Name: O0TEN, HOMER
Address: 6700 TREASURE OAKS CIR
City-St-Zip: TALLAHASSEE, FL 32308

Title: PD ( ) Delete
Name: FRENCH, MICHELLE
Address: 19722 N. BY NW ROAD
City-St-Zip: TALLAHASSEE, FL 32310

Title: SD ( ) Delete
Name: SUTER, THOMAS
Address: 320 STARMOUNT DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change ( ) Addition
Name: O0TEN, HOMER
Address: 6700 TREASURE OAKS CIR
City-St-Zip: TALLAHASSEE, FL 32308

Title: DP (X) Change ( ) Addition
Name: FRENCH, MICHELLE
Address: 19722 N. BY NW ROAD
City-St-Zip: TALLAHASSEE, FL 32310

Title: DSVP (X) Change ( ) Addition
Name: MILLER, RANDY
Address: 1334 MILLSTREAM
City-St-Zip: TALLAHASSEE, FL 32312

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: HOMER OOTEN TREA 04/28/2004

Electronic Signature of Signing Officer or Director — Date