

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27151

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** THE RENEGADE CONDOMINIUMS ASSOCIATION, INC.

**Current Principal Place of Business:**

KRM MANAGEMENT  
528 E. PARK AVE.  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

**Current Mailing Address:**

KRM MANAGEMENT  
528 E. PARK AVE.  
TALLAHASSEE, FL 32301 US

**New Mailing Address:**

**FEI Number:** 59-3604102      **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:**

ISAACS, DAN L  
528 E PARK AVE  
TALLAHASSEE, FL 32301 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: DAN ISAACS

04/28/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DSVP ( ) Delete  
Name: OOTEN, HOMER  
Address: 6700 TREASURE OAKS CIR  
City-St-Zip: TALLAHASSEE, FL 32309

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

Title: DSVP ( ) Delete  
Name: TURNER, DEBORAH  
Address: 4110 BAYSHORE BLVD NE  
City-St-Zip: ST. PETERSBERG, FL 33703

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DST (X) Change ( ) Addition  
Name: OOTEN, HOMER  
Address: 6700 TREASURE OAKS CIR  
City-St-Zip: TALLAHASSEE, FL 32309

Title: DP (X) Change ( ) Addition  
Name: TURNER, DEBBIE  
Address: 4110 BAYSHORE BLVD NE  
City-St-Zip: ST.PETERSBURG, FL 33703

Title: DVP (X) Change ( ) Addition  
Name: TOLLE, MARK  
Address: 123 MAGNOLIA RIDGE  
City-St-Zip: MIDDLEBROOK, AL 36054

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

DST

04/28/2009

Electronic Signature of Signing Officer or Director

Date