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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **742167** (0)
1. Corporation Name
VOYAGER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
**2900 N.E. 14TH ST. CAUSEWAY
POMPANO BEACH FL 33062** **2900 N.E. 14TH ST. CAUSEWAY
POMPANO BEACH FL 33062**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/22/1978** 3a. Date of Last Report **03/22/1994**
4. FEI Number **59-2067262** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**GOODMAN, MILTON
2900 N.E. 14TH STREET
APT 812
POMPANO BCH FL 33062**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, MILTON	12 NAME	
STREET ADDRESS	2900 NE 14 STR CSWY, APT 812	13 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BCH, FL 00000	14 CITY - ST - ZIP	
TITLE	VD	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEDRICK, LAURENCE	22 NAME	VD
STREET ADDRESS	2900 NE 14TH, APT. #1009	23 STREET ADDRESS	ETHELL, JOHN
CITY - ST - ZIP	POMPANO BCH, FL 00000	24 CITY - ST - ZIP	2900 NE 14TH ST. APT. #102
TITLE	TD	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, GEORGE H	32 NAME	TD
STREET ADDRESS	2900 NE 14TH ST. CSWY, #908	33 STREET ADDRESS	LERER, CARLOS
CITY - ST - ZIP	POMPANO BCH, FL 00000	34 CITY - ST - ZIP	2900 NE 14TH ST. APT. #804
TITLE	SD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, ELINOR	42 NAME	
STREET ADDRESS	2900 NE 14 STR CSWY, APT 802	43 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BCH, FL 00000	44 CITY - ST - ZIP	
TITLE	VD	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, LORRAINE	52 NAME	
STREET ADDRESS	2900 NE 14TH ST #608	53 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Milton E. Goodman* MILTON E. GOODMAN 3/29/95 305-781-8551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone #)