

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/22/1978	3a. Date of Last Report 04/17/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2067262	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
GOODMAN, MILTON 2900 N.E. 14TH STREET APT 812 POMPANO BCH FL 33062				81	Name			ROBERT MALACHOWSKY
				82	Street Address (P.O. Box Number is Not Acceptable)			2900 N.E. 14TH ST. APT. #1004
				83	City			POMPANO BEACH
				84	FL	85	Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Robert Malachowsky* Pres DATE **3/21/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	GOODMAN, MILTON	1.2 NAME	MALACHOWSKY, ROBERT
STREET ADDRESS	2900 NE 14 STR CSWY, APT 812	1.3 STREET ADDRESS	2900 NE 14TH ST. #1004, POMPANO BEACH
CITY-ST-ZIP	POMPANO BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	ETHELL, JOHN	2.2 NAME	
STREET ADDRESS	2900 NE 14 ST #102	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	LERER, CARLOS	3.2 NAME	
STREET ADDRESS	2900 NE 14 ST #804	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	STEPHENS, ELINOR	4.2 NAME	
STREET ADDRESS	2900 NE 14 STR CSWY, APT 602	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	VD
NAME	SCHMIDT, LORRAINE	5.2 NAME	REBELLO, JOHN
STREET ADDRESS	2900 NE 14TH ST #608	5.3 STREET ADDRESS	2900 NE 14TH ST. #509, POMPANO BEACH
CITY-ST-ZIP	POMPANO BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: *Robert Malachowsky* DATE: **3/21/96** DAYTIME PHONE: **954-781-8551**

CR2E037 (12/95)