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FILED
Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742167 (0)
1. Corporation Name
VOYAGER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2900 N.E. 14TH ST. CAUSEWAY POMPANO BEACH FL 33062	Mailing Address 2900 N.E. 14TH ST. CAUSEWAY POMPANO BEACH FL 33062-3641
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3. Date Incorporated or Qualified 03/22/1978	3a. Date of Last Report 04/02/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-2067262	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

MALACHOWSKY, ROBERT
2900 NE 14TH ST APT 1004
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MALACHOWSKY, ROBERT	
STREET ADDRESS	2900 NE 14TH ST #1004	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ETHELL, JOHN	
STREET ADDRESS	2900 NE 14 ST #102	
CITY-ST-ZIP	POMPANO BCH, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LERER, CARLOS	
STREET ADDRESS	2900 NE 14 ST #804	
CITY-ST-ZIP	POMPANO BCH, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STEPHENS, ELINOR	
STREET ADDRESS	2900 NE 14 STR CSWY, APT 602	
CITY-ST-ZIP	POMPANO BCH, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	REBELLO, JOHN	
STREET ADDRESS	2900 NE 14TH ST #509	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD NOBBS, ROBERT
2.3 STREET ADDRESS	2900 NE 14 ST #108
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* 4/15/97 954-848857

CR2E037 (9/96)