


FILE NOW: FILING FEE IS \$61.25

FILED

**May 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 2900 N.E. 14TH ST. CAUSEWAY POMPANO BEACH FL 33062	Mailing Address 2900 N.E. 14TH ST. CAUSEWAY POMPANO BEACH FL 33062
--	--

3. Date Incorporated or Qualified
03/22/1978

4. FEI Number
59-2067262

Applied For	
Not Applicable	

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

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

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 type="checkbox"/> DELETE
NAME	NOBBS, ROBERT	
STREET ADDRESS	2900 NE 14 ST 108	
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 checked="" type="checkbox"/> DELETE
NAME	STEPHENS, ELINOR	
STREET ADDRESS	2900 NE 14 STR CSWY, APT 802	
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	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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 checked="" type="checkbox"/> Addition
6.2 NAME	2nd Vice - Pres.
6.3 STREET ADDRESS	LORRAINE SCHMIDT
6.4 CITY-ST-ZIP	2900 NE 14TH ST. # 402 POMPANO BCH, FL

14. I 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: *[Signature]* **4/23/98 954-781-8555**

CR2E037 (10/97)