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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742167

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/22/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2067262 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MALACHOWSKY, ROBERT
2900 NE 14TH ST APT ~~1004~~ 811
~~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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	Vice-Pres, D	☒ Change ☐ Addition
NAME	MALACHOWSKY, ROBERT		1.2 NAME	Malachowsky, Robert	
STREET ADDRESS	2900 NE 14TH ST ~~#1004~~ 811		1.3 STREET ADDRESS	2900 NE 14th St. #811	
CITY-ST-ZIP	POMPANO BCH FL		1.4 CITY-ST-ZIP	Pomp. Bch, Fl 33062	
TITLE	S	☒ DELETE	2.1 TITLE	Vice-Pres, D	☐ Change ☒ Addition
NAME	NOBBS, ROBERT		2.2 NAME	Thomas, Mckee	
STREET ADDRESS	2900 NE 14 ST 108		2.3 STREET ADDRESS	2900 NE 14 St #506	
CITY-ST-ZIP	POMPANO BCH, FL 00000		2.4 CITY-ST-ZIP	Pompano Bch, Fl 33062	
TITLE	TD	☐ DELETE	3.1 TITLE	TD	☐ Change ☐ Addition
NAME	LERER, CARLOS		3.2 NAME	Lerer, Carlos	
STREET ADDRESS	2900 NE 14 ST #804		3.3 STREET ADDRESS	2900 N.E. 14th St #804	
CITY-ST-ZIP	POMPANO BCH, FL 00000		3.4 CITY-ST-ZIP	Pompano Beach, Fl 33062	
TITLE	SVP	☐ DELETE	4.1 TITLE	Secretary D	☒ Change ☐ Addition
NAME	SCHMIDT, LORRAINE		4.2 NAME	Schmidt, Lorraine	
STREET ADDRESS	2900 NE 14TH ST #402		4.3 STREET ADDRESS	2900 NE 14th St #402	
CITY-ST-ZIP	POMPANO BEACH FL		4.4 CITY-ST-ZIP	Pompano Beach, Fl 33062	
TITLE	VD	☐ DELETE	5.1 TITLE	President D	☒ Change ☐ Addition
NAME	REBELLO, JOHN		5.2 NAME	Rebello, John	
STREET ADDRESS	2900 NE 14TH ST #509		5.3 STREET ADDRESS	2900 NE 14th St. #509	
CITY-ST-ZIP	POMPANO BCH FL		5.4 CITY-ST-ZIP	Pompano Beach Fl 33062	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: ~~SIGNATURE~~ **REQUIRED** 3/24/99 954-781-8551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Robert Malachowsky, V-P

-CR2E037 (11/98)