

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90084 014 ****61.25

DOCUMENT # 742167

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2067262

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MALACHOWSKY, ROBERT
 2900 NE 14TH ST
 APT 811
 POMPANO BCH FL 33062**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **VD**
 NAME: **MALACHOWSKY, ROBERT**
 STREET ADDRESS: **2900 NE 14TH ST, #811**
 CITY-ST-ZIP: **POMPANO BCH FL 33062**

Delete

TITLE: **PD**
 NAME: **Malachowsky, Robt**
 STREET ADDRESS:
 CITY-ST-ZIP:

Change

TITLE: **VD**
 NAME: **MCKEE, THOMAS**
 STREET ADDRESS: **2900 NE 14 ST #506**
 CITY-ST-ZIP: **POMPANO BEACH FL 33062**

Delete

TITLE: **VD**
 NAME: **STEINHARDT, FRED**
 STREET ADDRESS: **2900 NE 14 ST #604**
 CITY-ST-ZIP: **POMPANO Beach, FL 33062**

Change

Addition

TITLE: **TD**
 NAME: **LERER, CARLOS**
 STREET ADDRESS: **2900 NE 14 ST #804**
 CITY-ST-ZIP: **POMPANO BCH FL 33062**

Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

Change

Addition

TITLE: **SD**
 NAME: **SCHMIDT, LORRAINE**
 STREET ADDRESS: **2900 NE 14TH ST #402**
 CITY-ST-ZIP: **POMPANO BEACH FL 33062**

Delete

TITLE: **SD**
 NAME: **WEAVER, FAY**
 STREET ADDRESS: **2900 NE 14 ST #908**
 CITY-ST-ZIP: **Pompno Beach, FL 33062**

Change

Addition

TITLE: **PD**
 NAME: **REBELLO, JOHN**
 STREET ADDRESS: **2900 NE 14TH ST #509**
 CITY-ST-ZIP: **POMPANO BCH FL 33062**

Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

Change

Addition

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

Change

Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00

954-781-8551

Date

Daytime Phone #

CR2E037 (9/99)