

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2001 8:00 am
Secretary of State

0035755

DOCUMENT # 742167

1. Entity Name

VOYAGER CONDOMINIUM ASSOCIATION, INC.

01-18-2001 90030 044 ****61.25

| | |
|--|--|
| 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 |
|--|--|

604200



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|--|---|
| 4. FEI Number 59-2067262 | Applied For <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | | | |
|--|--|--|--|
| 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 FRED STEINHARDT Street Address (P.O. Box Number is Not Acceptable) UNIT 604 2900 NE 14TH STREET City POMPANO BEACH FL Zip Code 33062 | |
|--|--|--|--|

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: *Fred Steinhardt* DATE: **1/2/01**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | | |
|-------------------------------------|--|------------------------------------|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$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 NAME STREET ADDRESS CITY-ST-ZIP | PD MALACHOWSKY, ROBERT 2900 NE 14TH ST, #811 POMPANO BCH FL 33062 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MCKEE, THOMAS 2900 NE 14 ST #506 POMPANO BEACH FL 33062 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SID McKEE: THOMAS 2900 NE 14TH ST. #506 POMPANO BEACH FL 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD LERER, CARLOS 2900 NE 14 ST #804 POMPANO BCH FL 33062 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LERER: CARLOS 2900 NE 14TH ST #804 POMPANO BEACH FL 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD STEINHARDT, FRED 2900 NE 14 ST. #604 POMPANO BEACH FL 33062 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PID STEINHARDT: FRED 2900 NE 14TH STREET #604 POMPANO BEACH FL 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD WEAVER, FAY 2900 NE 14 ST. #908 POMPANO BCH FL 33062 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TID WEAVER: FAY 2900 NE 14TH STREET #908 POMPANO BEACH FLORIDA 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GOODMAN: MELTON 2900 NE 14TH ST. #812 POMPANO BEACH FL 33062 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: *Fred Steinhardt* DATE: **1/2/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)