

**2002 UNIFORM BUSINESS REPORT (UBR)**

4/1

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90670 009 \*\*\*\*61.25

**DOCUMENT # 742167**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2067262

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEINHARDT, FRED  
 UNIT 604  
 2900 NE 14TH STREET  
 POMPANO BCH FL 33062

Name ANN COUGHLIN

Street Address (P.O. Box Number is Not Acceptable)  
UNIT 707

2900 NE 14<sup>TH</sup> 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 x Ann Coughlin  
 Signature, typed or printed name of registered agent and title if applicable.

ANN COUGHLIN  
 (NOTE: Registered Agent signature required when reinstating)

4/02/02  
 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	SO	<input checked="" type="checkbox"/> Delete
NAME	MCKEE, THOMAS	
STREET ADDRESS	2900 NE 14 ST #506	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LERER, CARLOS	
STREET ADDRESS	2900 NE 14 ST #804	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STEINHARDT, FRED	
STREET ADDRESS	2900 NE 14 ST. #804	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WEAVER, FAY	
STREET ADDRESS	2900 NE 14 ST. #908	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOODMAN, MILTON	
STREET ADDRESS	2900 NE 14TH ST. #812	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANN COUGHLIN	
STREET ADDRESS	UNIT 707	
CITY-ST-ZIP	2900 NE 14 <sup>TH</sup> STREET POMPANO BEACH FL 33062	
TITLE	SECRETARY / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOM REBELLO	
STREET ADDRESS	UNIT 509	
CITY-ST-ZIP	2900 NE 14 <sup>TH</sup> STREET - POMPANO BEACH FL 33062	
TITLE	TREASURER / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNE SHERMAN	
STREET ADDRESS	UNIT 505	
CITY-ST-ZIP	2900 NE 14 <sup>TH</sup> STREET - POMPANO BEACH FL 33062	
TITLE	1 <sup>ST</sup> VICE PRESIDENT / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLEEN CORNEY	
STREET ADDRESS	UNIT 104	
CITY-ST-ZIP	2900 NE 14 <sup>TH</sup> STREET - POMPANO BEACH FL 33062	
TITLE	2 <sup>ND</sup> VICE PRESIDENT / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORRAINE SHMITZ	
STREET ADDRESS	UNIT 402	
CITY-ST-ZIP	2900 NE 14 <sup>TH</sup> STREET - POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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: x SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/02/02 (954) 781-8551  
 Date Daytime Phone #