

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90004 047 *****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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07132004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2067262

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COUGHLIN, ANN
UNIT 707
2900 NE 14TH STREET
POMPANO BCH, FL 33062**

7. Name and Address of New Registered Agent

Name **Douglas, Meredith**
Street Address (P.O. Box Number is Not Acceptable)
UNIT 802
2900 NE 14TH STREET
City **Pompano Bch** FL **33062** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Meredith Douglas**, Secretary **7/21/04**
(NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME **COUGHLIN, ANN**
STREET ADDRESS **UNIT 707, 2900 NE 14TH ST.**
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE 1V ☐ Delete
NAME **ENGLEMAN, CHARLOTTE**
STREET ADDRESS **2900 NE 14TH ST. UNIT 509**
CITY-ST-ZIP **POMPANO BCH, FL 33062**

TITLE TD ☐ Delete
NAME **SHERMAN, FERNE**
STREET ADDRESS **UNIT 505, 2900 NE 14TH ST.**
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE 2V ☒ Delete
NAME **CUNNIFF, ELLEN**
STREET ADDRESS **2900 NE 14TH ST #1009**
CITY-ST-ZIP **POMPANO BCH, FL 33062**

TITLE SD ☐ Delete
NAME **DOUGLAS, MEREDITH**
STREET ADDRESS **2900 NE 14TH ST UNIT 802**
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition
NAME **Charlotte Engleman**
STREET ADDRESS **2900 NE 14TH ST., UNIT 906**
CITY-ST-ZIP **Pompano Beach, FL 33062**

TITLE **1 Vice Pres.** ☒ Change ☐ Addition
NAME **ANN COUGHLIN**
STREET ADDRESS **2900 NE 14TH ST. UNIT 707**
CITY-ST-ZIP **Pompano Beach, FL 33062**

TITLE **Treasurer** ☐ Change ☐ Addition
NAME **Ferne Sherman**
STREET ADDRESS **SAME ADDRESS**
CITY-ST-ZIP

TITLE **2 Vice Pres** ☒ Change ☒ Addition
NAME **Doris Taxlaw**
STREET ADDRESS **2900 NE 14TH ST. UNIT 705**
CITY-ST-ZIP **Pompano Beach, FL 33062**

TITLE **Secretary** ☐ Change ☐ Addition
NAME **Meredith Douglas**
STREET ADDRESS **2900 NE 14TH ST, UNIT 802**
CITY-ST-ZIP **Pompano Beach, FL 33062**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Meredith Douglas**, Secretary **7/21/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #