

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90187 044 ****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

50023857



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

DOUGLAS, MEREDITH
 UNIT 802
 2900 NE 14TH STREET
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

3/2/05
 DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	P	<input type="checkbox"/> Delete
NAME	ENGLEMAN, CHARLOTTE	
STREET ADDRESS	2900 NE 14TH STE UNIT 906	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	1V	<input checked="" type="checkbox"/> Delete
NAME	COUGHLIN, ANN	
STREET ADDRESS	2900 NE 14TH ST UNIT 707	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	2V	<input type="checkbox"/> Delete
NAME	SHERMAN, FERNE	
STREET ADDRESS	UNIT 505, 2900 NE 14TH ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	2V	<input type="checkbox"/> Delete
NAME	TARLOW, DORIS	
STREET ADDRESS	2900 NE 14TH ST UNIT 705	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	S	<input type="checkbox"/> Delete
NAME	DOUGLAS, MEREDITH	
STREET ADDRESS	2900 NE 14TH ST UNIT 802	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	2V	<input type="checkbox"/> Delete
NAME	<i>Carlos</i>	
STREET ADDRESS	<i>2900 NE 14TH ST UNIT 804</i>	
CITY-ST-ZIP	<i>Pompano Beach, FL 33062</i>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Mr. Carlos</i>	
STREET ADDRESS	<i>2900 NE 14TH ST. UNIT 804</i>	
CITY-ST-ZIP	<i>Pompano Beach, FL 33062</i>	
TITLE	1V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Tarlow, Doris</i>	
STREET ADDRESS	<i>2900 NE 14TH ST, UNIT 705</i>	
CITY-ST-ZIP	<i>Pompano Beach, FL 33062</i>	
TITLE	2V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Sherman, Ferne</i>	
STREET ADDRESS	<i>2900 NE 14TH ST, UNIT 505</i>	
CITY-ST-ZIP	<i>Pompano Beach, FL 33062</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/2/05 Daytime Phone #