


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # 742167 1. Entity Name VOYAGER CONDOMINIUM ASSOCIATION, INC.	
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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
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03272006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2067262	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

**DO NOT WRITE
IN THIS SPACE**

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 Myriam C. Stone, Mgr. (Myriam C. Stone, Mgr) 3/27/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00001483479
04/11/06-80123-013 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ENGLEMAN, CHARLOTTE 2900 NE 14TH STE UNIT 906 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LERER, CARLOS 2900 NE 14TH ST UNIT 804 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZV SHERMAN, FERNE 2900 NE 14TH ST UNIT 505 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1V TARLOW, DORIS 2900 NE 14TH ST UNIT 705 POMPANO BCH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOUGLAS, MEREDITH 2900 NE 14TH ST UNIT 802 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Wan Tarlow 3/27/06 (959) 781-8551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #