

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90015 012 ****61.25

DOCUMENT # 742167
1. Entity Name
VOYAGER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
2900 N.E. 14TH ST. CAUSEWAY 2900 N.E. 14TH ST. CAUSEWAY
POMPAÑO BEACH FL 33062 POMPAÑO BEACH FL 33062



2. Principal Place of Business - No. P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

1st MOORE CR2E037 (10/06)

4. FEI Number Applied For
59-2067262 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
POMPAÑO 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	POMPAÑO BEACH FL 33062	
TITLE	T	<input type="checkbox"/> Delete
NAME	LERER, CARLOS	
STREET ADDRESS	2900 NE 14TH ST UNIT 804	
CITY-ST-ZIP	POMPAÑO BEACH FL 33062	
TITLE	2V	<input type="checkbox"/> Delete
NAME	SHERMAN, FERNE	
STREET ADDRESS	2900 NE 14TH ST UNIT 505	
CITY-ST-ZIP	POMPAÑO BEACH FL 33062	
TITLE	1V	<input checked="" type="checkbox"/> Delete
NAME	TARLOW, DORIS	
STREET ADDRESS	2900 NE 14TH ST UNIT 705	
CITY-ST-ZIP	POMPAÑO BCH FL 33062	
TITLE	S	<input type="checkbox"/> Delete
NAME	DOUGLAS, MEREDITH	
STREET ADDRESS	2900 NE 14TH ST UNIT 802	
CITY-ST-ZIP	POMPAÑO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	2VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNSER, OTTO W	
STREET ADDRESS	2900 NE 14 ST., UNIT 511	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33062	
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		
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 exemptions contained in Section 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: *Meredith Douglas* *Secretary* *4-20-07* *954 - 781-8551*

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