


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 A
Secretary of State

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| DOCUMENT # 766794 1. Entity Name THE VOYAGER OF MARCO CONDOMINIUM ASSOCIATION, INC. |  |
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| Principal Place of Business 908 COLLIER COURT MARCO ISLAND, FL 34145 | Mailing Address P.O. BOX 1993 MARCO ISLAND, FL 34146 |
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03262008 No Chg-NP CR2E037 (4/06)

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|---|---------------------------------------|
| 4. FEI Number 59-2638597 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

WILL, GEFREY
601 ELKCAM CIR., B-16
MARCO ISLAND, FL 34145

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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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

U00000876228
 04/11/08-80063-022 61.25

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BABBITT, JOHN 16 OLD WEST FALL DR ROCHESTER, NY 14625 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V HAMMOND, JOSEPH 131 FOXFIRE BLVD COMMERCIAL POINT, OH 48116 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST CARROLL, JIM 331 TILLER ROAD ARGYLE, NY 12809 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: Will Jeffrey Will, Reg. Agent **3/26/08** **239-394-1101**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #