

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742167

Entity Name: VOYAGER CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**2900 N.E. 14TH ST. CAUSEWAY
POMPANO BEACH, FL 33062**Current Mailing Address:**2900 N.E. 14TH ST. CAUSEWAY
POMPANO BEACH, FL 33062**FEI Number:** 59-2067262**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VOYAGER CONDOMINIUM
2900 NE 14TH STREET
VOYAGER OFFICE
POMPANO BCH, FL 33062 US*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.***SIGNATURE:** DIANA CABRA MEYER

04/23/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	TARANTOLA, SALVATORE
Address	2900 NE 14TH ST
City-State-Zip:	POMPANO BEACH FL 33062

Title	VP
Name	PEED, BLAKE
Address	2900 NE 14 ST.
City-State-Zip:	POMPANO BCH FL 33062

Title	PRESIDENT
Name	SHIELDS, KATHLEEN
Address	2900 NE 14TH ST
City-State-Zip:	POMPANO BEACH FL 33062

Title	TREASURER
Name	PORT, HOWARD
Address	2900 NE 14TH ST
City-State-Zip:	POMPANO BEACH FL 33062

Title	SECRETARY
Name	OLIVER SMITH, PATRICIA
Address	2900 NE 14TH STREET CSWY
City-State-Zip:	POMPANO BEACH FL 33062

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN SHIELDS

PRESIDENT

04/23/2025

Electronic Signature of Signing Officer/Director Detail

Date