

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742167

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** VOYAGER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2900 N.E. 14TH ST. CAUSEWAY  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

2900 N.E. 14TH ST. CAUSEWAY  
POMPANO BEACH, FL 33062

**New Mailing Address:**

**FEI Number:** 59-2067262

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DOUGLAS, MEREDITH  
UNIT 802  
2900 NE 14TH STREET  
POMPANO BCH, FL 33062 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ENGLEMAN, CHARLOTTE  
Address: 2900 NE 14TH STE UNIT 906  
City-St-Zip: POMPANO BEACH, FL 33062

Title: T ( ) Delete  
Name: LERER, CARLOS  
Address: 2900 NE 14TH ST UNIT 804  
City-St-Zip: POMPANO BEACH, FL 33062

Title: 1VP ( ) Delete  
Name: SHERMAN, FERNE  
Address: 2900 NE 14TH ST UNIT 505  
City-St-Zip: POMPANO BEACH, FL 33062

Title: 2V ( ) Delete  
Name: FERNSEL, OTTO W  
Address: 2900 NE 14 ST. UNIT 511  
City-St-Zip: POMPANO BCH, FL 33062

Title: S ( ) Delete  
Name: DOUGLAS, MEREDITH  
Address: 2900 NE 14TH ST UNIT 802  
City-St-Zip: POMPANO BEACH, FL 33062

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MEREDITH DOUGLAS

S

04/15/2009

Electronic Signature of Signing Officer or Director

Date