

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

FILED

**Apr 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # 766793

1. Entity Name
**VOYAGER BEACH CLUB CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business
**11860 GULF BLVD
TREASURE ISLAND, FL 33706**

Mailing Address
**10681 GULF BLVD.
TREASURE ISLAND, FL 33706 US**



04192006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2290467

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LIBERTE MANAGEMENT GROUP INC.
10681 GULF BLVD.
TREASURE ISLAND, FL 33706**

**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

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P
ZAJACK, GEORGE
4111 89TH AVE N.
PINELLAS PARK, FL 33772**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VP
WILSON, DEBORAH
2543 LAKE ELLEN CIRCLE
TAMPA, FL 33618**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**SD
KNOFFER, LOIS
8720 SUMMERWORTH BLVD.
TAMPA, FL 33634**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**T
DEMENT, ED
8735 DORAL OAKS DR. 1617
TEMPLE TERR., FL 33617**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
CARBONI, ESTHER
1227 JUNGLE AVE.
ST. PETERSBURG, FL 33710**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**U00000538206
05/09/06-80048-013 61.25**

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/06 727-360529