


FILED
Mar 28, 2005 08:00 AM
Secretary of State

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 749154 1. Entity Name BEL HIGHLAND CONDOMINIUM ASSOCIATION I, INC.	
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Principal Place of Business 301 YAMATO ROAD SUITE 4150 BOCA RATON, FL 33431 US	Mailing Address P.O. BOX 810037 BOCA RATON, FL 33481-0037
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03242005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0202379	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GLICKMAN, LARRY Z
SACHS, CAX, KIEIN, P.A.
301 YAMATO ROAD, STE. 4150
BOCA RATON, FL 33431**

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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 reappointing)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VAN DUREN, RAYMOND 66 APPERT TERR MAHWA, NJ 07430
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD VAN DUREN, FAITH 66 APPERT TERR MAHWA, NJ 07430
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VAN DUREN, BETH 66 APPERT TERR MAHWA, NJ 07430
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/28/05-80053-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **3/25/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #