

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

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 749154**

1. Entity Name  
**BEL HIGHLAND CONDOMINIUM ASSOCIATION I, INC.**



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**



02272006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0202379**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$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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IN THIS SPACE**

6. 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**

8. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000451388  
03/01/06-80052-006 61.25

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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 #