

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 08:00 A
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



03222007 No Chg-NP

CR2E037 (4/06)

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

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000676346
03/30/07-80083-006 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 #

3/21/07

201-825-4444