

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 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**



03122008 No Chg-NP

CR2E037 (4/06)

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**

**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, 2008**

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	PD VAN DUREN, RAYMOND 66 APPERT TERR MAHWA, NJ 07430
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VAN DUREN, FAITH 66 APPERT TERR MAHWA, NJ 07430
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN DUREN, BETH 66 APPERT TERR MAHWA, NJ 07430
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000858637
04/01/08-80053-022 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 #

3/12/08

301-825-4444