

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

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

DOCUMENT # 749324 1. Entity Name BEL HIGHLAND CONDOMINIUM ASSOCIATION II, INC.	
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Principal Place of Business 301 YAMOTO RD SUITE 4150 BOCA RATON, FL 33431	Mailing Address PO BOX 810037 BOCA RATON, FL 33481-0037
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DO NOT WRITE IN THIS SPACE



02272006 No Chg-NP CR2E037 (11/05)

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, SAX & KLEIN, P.A.
301 YAMOTO RD SUITE 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.

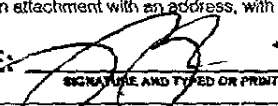
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO VAN DUREN, RAYMOND 66 APPERT TERRACE MAHWA, NJ 07430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VAN DUREN, FAITH 66 APPERT TERRACE MAHWA, NJ 07430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN DUREN, BETH 66 APPERT TERRACE MAHWA, NJ 07430
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **3/1/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #