

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003317

Entity Name: BLUEGREEN VACATION CLUB, INC.**Current Principal Place of Business:**4950 COMMUNICATION AVENUE
SUITE 900
BOCA RATON, FL 33431**Current Mailing Address:**4960 CONFERENCE WAY NORTH
SUITE 100
BOCA RATON, FL 33431**FEI Number:** 65-0462831**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|---|
| Title | P/D |
| Name | FOSTER, KATHY |
| Address | 4960 CONFERENCE WAY NORTH, SUITE 100 |
| City-State-Zip: | BOCA RATON FL 33431 |

| | |
|-----------------|---------------------------|
| Title | D |
| Name | HUTTER, JULIE |
| Address | 11520 DOGWOOD LN |
| City-State-Zip: | FORT MYERS BEACH FL 33931 |

| | |
|-----------------|---|
| Title | TREASURER, DIRECTOR |
| Name | KOIVU, BRIAN |
| Address | 4960 CONFERENCE WAY NORTH, SUITE 100 |
| City-State-Zip: | BOCA RATON FL 33431 |

| | |
|-----------------|--|
| Title | DIRECTOR |
| Name | KELLEY, GUYLENE |
| Address | C/O 4960 CONFERENCE WAY NORTH SUITE 100 |
| City-State-Zip: | BOCA RATON FL 33431 |

| | |
|-----------------|---|
| Title | VP/D |
| Name | DEVINE, ELLEN |
| Address | 4960 CONFERENCE WAY NORTH, SUITE 100 |
| City-State-Zip: | BOCA RATON FL 33431 |

| | |
|-----------------|--|
| Title | S/D |
| Name | EAST, MELISSA |
| Address | 4960 CONFERENCE WAY NORTH, STE. 100 |
| City-State-Zip: | BOCA RATON FL 33431 |

| | |
|-----------------|---|
| Title | TREASURER, DIRECTOR |
| Name | KOIVU, BRIAN |
| Address | 4960 CONFERENCE WAY NORTH, SUITE 100 |
| City-State-Zip: | BOCA RATON FL 33431 |

| | |
|-----------------|--|
| Title | DIRECTOR |
| Name | BEER, JUDY |
| Address | C/O 4960 CONFERENCE WAY NORTH SUITE 100 |
| City-State-Zip: | BOCA RATON FL 33431 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHY FOSTER**PRESIDENT****04/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date