

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004592

FILED
Jan 13, 2004
Secretary of State

Entity Name: BLUEGREEN RECEIVABLES FINANCE CORPORATION V

Current Principal Place of Business:

4960 CONFERENCE WAY NORTH, SUITE 100
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

4960 CONFERENCE WAY NORTH, SUITE 100
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 06-1628682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: HERZ, ALLAN J
Address: 4960 CONFERENCE WAY NORTH, SUITE 100
City-St-Zip: BOCA RATON, FL 33431

Title: VTD () Delete
Name: CHISTE, JOHN F
Address: 4960 CONFERENCE WAY NORTH, SUITE 100
City-St-Zip: BOCA RATON, FL 33431

Title: AS () Delete
Name: FUQUA, ANDREW M
Address: 53 STATE STREET
City-St-Zip: BOSTON, MA 02109

Title: D () Delete
Name: BURT, CHRISTOPHER T
Address: 114 WEST 47TH STREET, SUITE 1715
City-St-Zip: NEW YORK, NY 10036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VTDA (X) Change () Addition
Name: CHISTE, JOHN F
Address: 4960 CONFERENCE WAY NORTH, SUITE 100
City-St-Zip: BOCA RATON, FL 33431

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN CHISTE

VTDA

01/13/2004

Electronic Signature of Signing Officer or Director

_____ Date