

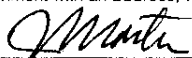


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90425 018 \*\*\*150.00

<b>DOCUMENT # F05000007363</b> 1. Entity Name <b>BLUEGREEN RECEIVABLES FINANCE CORPORATION X</b>					
Principal Place of Business <b>4960 CONFERENCE WAY NORTH, SUITE 100 BOCA RATON, FL 33431</b>			Mailing Address <b>4960 CONFERENCE WAY NORTH, SUITE 100 BOCA RATON, FL 33431</b>		
2. Principal Place of Business - No P.O. Box # <b>4950 Communication Avenue</b> Suite, Apt. #, etc. <b>Suite 900</b>		3. Mailing Address <b>4950 Communication Avenue</b> Suite, Apt. #, etc. <b>Suite 900</b>			
City & State <b>Boca Raton, Florida</b>		City & State <b>Boca Raton, Florida</b>		03232007    Chg-P    CR2E034 (12/06)	
Zip <b>33431</b>		Country <b>USA</b>		4. FEI Number <b>20-3957659</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT PULEO, ANTHONY M <input type="checkbox"/> Delete 4960 CONFERENCE WAY NORTH, SUITE 100 BOCA RATON, FL 33431		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>See attached sheet.</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete HERZ, ALLAN J 4960 CONFERENCE WAY NORTH, SUITE 100 BOCA RATON, FL 33431		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DP Allan J. Herz 4960 Conference Way North, Suite 100 Boca Raton, Florida 33431</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete MARTIN, JAMES R 4960 CONFERENCE WAY NORTH, SUITE 100 BOCA RATON, FL 33431		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete PUELO, ANTHONY M 4960 CONFERENCE WAY NORTH, SUITE 100 BOCA RATON, FL 33431		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D Orlando Figueroa 48 Wall Street, 27 Floor New York, New York 10005</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete WARDAK, AHMAD 4960 CONFERENCE WAY NORTH, SUITE 100 BOCA RATON, FL 33431		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete WALTERMINE, MARTHA 4960 CONFERENCE WAY NORTH, SUITE 100 BOCA RATON, FL 33431		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 607, 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.					
<b>SIGNATURE:</b> 		<b>James R. Martin, Secretary</b>		<b>4-2-07</b> <b>561-912-8000</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

ATTACHMENT  
40089867

Bluegreen Receivables  
Finance Corporation X

Officers:

Allan J. Herz, President  
4960 Conference Way North, Suite 100  
Boca Raton, Florida 33431

James R. Martin, Secretary  
4960 Conference Way North, Suite 100  
Boca Raton, Florida 33431

Anthony M. Puleo, Treasurer  
4960 Conference Way North, Suite 100  
Boca Raton, Florida 33431

Anthony M. Puleo, Vice President  
4960 Conference Way North, Suite 100  
Boca Raton, Florida 33431

Ahmad Wardak, Vice President  
4960 Conference Way North, Suite 100  
Boca Raton, Florida 33431

Teri Puleo, Vice President  
4960 Conference Way North, Suite 100  
Boca Raton, Florida 33431

Martha Waltermire, Vice President  
4960 Conference Way North, Suite 100  
Boca Raton, Florida 33431

Directors:

Allan J. Herz  
4960 Conference Way North, Suite 100  
Boca Raton, Florida 33431

Anthony M. Puleo  
4960 Conference Way North, Suite 100  
Boca Raton, Florida 33431

Orlando Figueroa  
48 Wall Street, 27<sup>th</sup> Floor  
New York, New York 10005