

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90429 034 \*\*\*150.00

**DOCUMENT # F0600000965**

**1. Entity Name**  
**BLUEGREEN RECEIVABLES FINANCE CORPORATION XI**



**40090091**



**Principal Place of Business**  
4950 COMMUNICATION AVE SUITE 900  
BOCA RATON, FL 33431

**Mailing Address**  
4950 COMMUNICATION AVE SUITE 900  
BOCA RATON, FL 33431

**2. Principal Place of Business - No P.O. Box #**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232007

Chg-P

CR2E034 (12/06)

**4. FEI Number**

20-4230557

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**See attached sheet.**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** V ☒ Delete  
**NAME** WALTERMIRE, MARTHA  
**STREET ADDRESS** 4950 COMMUNICATION AVE SUITE 900  
**CITY-ST-ZIP** BOCA RATON, FL 33431

**TITLE** D ☐ Change ☒ Addition  
**NAME** Albert J. Fioravanti  
**STREET ADDRESS** 48 Wall Street  
**CITY-ST-ZIP** New York, New York 10005

**TITLE** AV ☒ Delete  
**NAME** STEINBECK, RANDY  
**STREET ADDRESS** 4950 COMMUNICATION AVE SUITE 900  
**CITY-ST-ZIP** BOCA RATON, FL 33431

**TITLE** V ☐ Change ☒ Addition  
**NAME** Ahmad Wardak  
**STREET ADDRESS** 4950 Communication Avenue, Suite 900  
**CITY-ST-ZIP** Boca Raton, Florida 33431

**TITLE** S ☐ Delete  
**NAME** MARTIN, JAMES R  
**STREET ADDRESS** 4950 COMMUNICATION AVE SUITE 900  
**CITY-ST-ZIP** BOCA RATON, FL 33431

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** AS ☒ Delete  
**NAME** LORENZ, JEFFREU C  
**STREET ADDRESS** 4950 COMMUNICATION AVE SUITE 900  
**CITY-ST-ZIP** BOCA RATON, FL 33431

**TITLE** V ☐ Change ☒ Addition  
**NAME** Teri Puleo  
**STREET ADDRESS** 4950 Communication Avenue, Suite 900  
**CITY-ST-ZIP** Boca Raton, Florida 33431

**TITLE** D ☒ Delete  
**NAME** HERTZ, ALLAN J  
**STREET ADDRESS** 4950 COMMUNICATION AVE SUITE 900  
**CITY-ST-ZIP** BOCA RATON, FL 33431

**TITLE** DP ☒ Change ☐ Addition  
**NAME** Allan J. Herz  
**STREET ADDRESS** 4950 Communication Avenue, Suite 900  
**CITY-ST-ZIP** Boca Raton, Florida 33431

**TITLE** D ☒ Delete  
**NAME** PULEO, ANTHONY M  
**STREET ADDRESS** 4950 COMMUNICATION AVE SUITE 900  
**CITY-ST-ZIP** BOCA RATON, FL 33431

**TITLE** DVT ☒ Change ☐ Addition  
**NAME** Anthony M. Puleo  
**STREET ADDRESS** 4950 Communication Avenue, Suite 900  
**CITY-ST-ZIP** Boca Raton, Florida 33431

**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.**

**SIGNATURE:**

*James R. Martin*

James R. Martin, Secretary

4-2-07

561-912-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# ATTACHMENT

48090091

# F06 000000 965

Bluegreen Receivables  
Finance Corporation XI

## Officers:

Allan J. Herz, President  
4950 Communication Avenue, Suite 900  
Boca Raton, Florida 33431

James R. Martin, Secretary  
4950 Communication Avenue, Suite 900  
Boca Raton, Florida 33431

Anthony M. Puleo, Treasurer  
4950 Communication Avenue, Suite 900  
Boca Raton, Florida 33431

Anthony M. Puleo, Vice President  
4950 Communication Avenue, Suite 900  
Boca Raton, Florida 33431

Ahmad Wardak, Vice President  
4950 Communication Avenue, Suite 900  
Boca Raton, Florida 33431

Teri Puleo, Vice President  
4950 Communication Avenue, Suite 900  
Boca Raton, Florida 33431

Martha Waltermire, Vice President  
4950 Communication Avenue, Suite 900  
Boca Raton, Florida 33431

## Directors:

Allan J. Herz  
4950 Communication Avenue, Suite 900  
Boca Raton, Florida 33431

Anthony M. Puleo  
4950 Communication Avenue, Suite 900  
Boca Raton, Florida 33431

Albert Fioravanti  
48 Wall Street  
New York, New York 10005