2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001751

Entity Name: BLUEGREEN TIMESHARE FINANCE CORPORATION I

FILED May 01, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:				
4950 COMMUNICATION AVE. SUITE 900 BOCA RATION, FL 33431			4960 CONFERENCE WAY NORTH, STE. 100 BOCA RATION, FL 33431				
Current Mailing Address:				New Mailing Address:			
4950 COMMUNICATION AVE. SUITE 900 BOCA RATION, FL 33431			4960 CONFERENCE WAY NORTH, STE. 100 BOCA RATION, FL 33431				
FEI Number: 2	l Number: 20-4536760 FEI Number Applied For () FEI Number		FEI Num	nber Not Applicable () Certificate of		Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Na					Name and Address of New Registered Agent:		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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.							
SIGNATUR		0					
	Electronic	Signature of Registered Agent				Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:							
Title: Name: Address: City-St-Zip:	PULEO, ANTHON	ICE WAY NORTH, SUITE 100		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	HERZ, ALLAN J	relete ICE WAY NORTH, SUITE 100 L 33431		Title: Name: Address: City-St-Zip:	HERZ, ALLA 4960 CONFE	(X) Change()Addition N J ERENCE WAY NORTH, SUITE 100 NN, FL 33431	
Title: Name: Address: City-St-Zip:	FIGUEROA, ORL	ICE WAY NORTH, SUITE 100		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	V () C WARDAK, AHMAI 4960 CONFEREN BOCA RATION, F	O ICE WAY NORTH, SUITE 100		Title: Name: Address: City-St-Zip:	WARDAK, AI 4960 CONFE	(X) Change()Addition HMAD ERENCE WAY NORTH, SUITE 100 DN, FL 33431	
Title: Name: Address: City-St-Zip:	PULEO, TERÌ	relete ICE WAY NORTH, SUITE 100 L 33431		Title: Name: Address: City-St-Zip:	PULEO, TER 4960 CONFE	(X) Change()Addition RI ERENCE WAY NORTH, SUITE 100 DN, FL 33431	
Title: Name: Address: City-St-Zip:	MARIN, JAMÈS R	ICE WAY NORTH, SUITE 100		Title: Name: Address: City-St-Zip:	KAMINER, M 4960 CONFE	(X) Change()Addition IICHAEL ERENCE WAY NORTH, SUITE 100 DN, FL 33431	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHAEL KAMINER S 05/01/2009