

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000002412 (2)**  
1. Corporation Name:  
**BLUEGREEN RECEIVABLES FINANCE CORPORATION I**



Principal Place of Business <b>5295 TOWN CENTER ROAD, STE. 400 BOCA RATON FL 33486</b>	Mailing Address <b>5295 TOWN CENTER ROAD, STE. 400 BOCA RATON FL 33486</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/14/1996</b>	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>65-0667171</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fees Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BLUEGREEN CORPORATION  
5295 TOWN CENTER ROAD, STE. 400  
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and filed as applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CT	1.1 TITLE	T
NAME	<del>MURRAY, KERRY</del>	1.2 NAME	Chiste, John F.
STREET ADDRESS	<del>5295 TOWN CENTER ROAD, STE. 400</del>	1.3 STREET ADDRESS	5295 Town Center Road
CITY-ST-ZIP	<del>BOCA RATON FL 33486</del>	1.4 CITY-ST-ZIP	Boca Raton, FL 33486
TITLE	DPS	2.1 TITLE	
NAME	RONDEAU, PATRICK E	2.2 NAME	
STREET ADDRESS	5295 TOWN CENTER ROAD, STE. 400	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	GAJDA, THOMAS A	3.2 NAME	
STREET ADDRESS	86 SPRING ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILLIAMSTOWN MA 01267	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	D
NAME		4.2 NAME	Ferguson, Danny L.
STREET ADDRESS		4.3 STREET ADDRESS	5295 Town Center Road
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Boca Raton, FL 33486
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patrick E. Rondeau*

Patrick E. Rondeau 1-26-98 (561)361-2705

CR2E034 (10/97)