

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002412

FILED
Jan 13, 2004
Secretary of State

Entity Name: BLUEGREEN RECEIVABLES FINANCE CORPORATION I

Current Principal Place of Business:

4960 CONFERENCE WAY N
STE 100
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

4960 CONFERENCE WAY N
STE 100
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 65-0667171 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301

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: T () Delete
Name: CHISTE, JOHN F
Address: 4960 CONFERENCE WAY N STE 100
City-St-Zip: BOCA RATON, FL 33431

Title: DPS () Delete
Name: TOMPKINS, RANDI S
Address: 4960 CONFERENCE WAY N STE 100
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: GAJDA, THOMAS A
Address: 86 SPRING ST.
City-St-Zip: WILLIAMSTOWN, MA 01267

Title: D () Delete
Name: HERZ, ALLAN J
Address: 4960 CONFERENCE WAY N STE 100
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: RANDI S TOMPKINS

DPS

01/13/2004

Electronic Signature of Signing Officer or Director

_____ Date