2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007
Secretary of State

DOCUMENT# N93000003317

Entity Name: BLUEGREEN VACATION CLUB, INC.

Current Principal Place of Business:

4960 CONFERENCE WAY NORTH
SUITE 100
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

4960 CONFERENCE WAY NORTH
SUITE 100
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 65-0462831 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

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

OFFICERS AND DIRECTORS:

Title:	DS	( ) Delete
Name:	TAYLOR, CYNTHIA	
Address:	4960 CONFERENCE WAY NORTH, SUITE 100	
City-St-Zip:	BOCA RATON, FL 33431	
Title:	DT	( ) Delete
Name:	WARDAK, AHMAD	
Address:	4960 CONFERENCE WAY NORTH, SUITE 100	
City-St-Zip:	BOCA RATON, FL 33431	
Title:	DP	( ) Delete
Name:	FOSTER, KATHY	
Address:	4960 CONFERENCE WAY NORTH, SUITE 100	
City-St-Zip:	BOCA RATON, FL 33431	
Title:	DV	( ) Delete
Name:	DEVINE, ELLEN	
Address:	4960 CONFERENCE WAY NORTH, SUITE 100	
City-St-Zip:	BOCA RATON, FL 33431	
Title:	D	( ) Delete
Name:	LENNON, MARGIE	
Address:	1435 CLARET CT	
City-St-Zip:	FORT MYERS, FL 33919	
Title:	D	( ) Delete
Name:	HUTTER, JULIE	
Address:	11520 DOGWOOD LN	
City-St-Zip:	FORT MYERS BEACH, FL 33931	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D	(X) Change ( ) Addition
Name:	KELLEY, GUYLENE	
Address:	9351 EAST 28 STREET	
City-St-Zip:	YUMA, AZ 85365	
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:		
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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AHMAD WARDAK DT 04/11/2007

Electronic Signature of Signing Officer or Director — Date