

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

FILED  
Feb 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P18564** (5)  
1. Corporation Name  
**BLUEGREEN CORPORATION GULF-ATLANTIC**



Principal Place of Business <b>5295 TOWN CENTER RD 400 BOCA RATON FL 33486 US</b>	Mailing Address <b>5295 TOWN CENTER RD 400 BOCA RATON FL 33486 US</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>03/24/1988</b>	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State
27. Zip	28. Country	29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country
9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent	
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.				81. Name	
SIGNATURE				82. Street Address (P.O. Box Number is Not Acceptable)	
Signature typed or printed name of registered agent and title if applicable				83. City	
(NOTE: Registered Agent signature required when reinstating)				84. Zip Code	
DATE				85. State	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	5295 TOWN CTR. RD.	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
CITY - ST - ZIP	BOCA RATON FL	2.1 TITLE	2.2 NAME
TITLE	TD	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
NAME	<del>MARK KANKIX</del>	3.1 TITLE	3.2 NAME
STREET ADDRESS	<del>5295 TOWN CTR. RD.</del>	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
CITY - ST - ZIP	<del>BOCA RATON FL</del>	4.1 TITLE	4.2 NAME
TITLE	VD	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
NAME	KOSCHER, DANIEL C.	5.1 TITLE	5.2 NAME
STREET ADDRESS	5295 TOWN CTR. RD.	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
CITY - ST - ZIP	BOCA RATON FL	6.1 TITLE	6.2 NAME
TITLE		6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
NAME			
STREET ADDRESS			
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 receiver 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 1-26-98 (561)361-2705

CR2E034 (10/97)