

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

FILED
Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P35070

(2)

1. Corporation Name

BLUEGREEN CORPORATION

Principal Place of Business

5295 TOWN CENTER RD
SUITE 400
BOCA RATON FL 33486

Mailing Address

5295 TOWN CENTER RD
SUITE 400
BOCA RATON FL 33486-1080

3. Date Incorporated or Qualified

08/12/1991

3a. Date of Last Report

01/31/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

4. FEI Number

03-0300793

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPD
NAME DONOVAN, GEORGE F
STREET ADDRESS 5295 TOWN CENTER ROAD
CITY-ST-ZIP BOCA RATON FL

TITLE D
NAME MYERS, FREDERICK M.
STREET ADDRESS 68 WEST STREET
CITY-ST-ZIP PITTSFIELD MA

TITLE D
NAME ABELES, JOSEPH C.
STREET ADDRESS 1055 BEDFORD ROAD
CITY-ST-ZIP PLEASANTVILLE NY

TITLE D
NAME FOOTE, RALPH A.
STREET ADDRESS RD 2, BOX 7
CITY-ST-ZIP MIDDLEBURY VT

TITLE SV
NAME RONDEAU, PATRICK E.
STREET ADDRESS 5295 TOWN CTR. RD.
CITY-ST-ZIP BOCA RATON FL

TITLE T
NAME MURRAY, ALAN L.
STREET ADDRESS 5295 TOWN CTR. RD.
CITY-ST-ZIP BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 33486

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 01201

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 10570

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 11 S. Pleasant Street
4.4 CITY-ST-ZIP 05753

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 33486

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP 33486

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick E. Rondeau

1/7/97

361-361-2700

Date

Daytime Phone #

0337789

CR2E034 (9/96)