


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90200 039 \*\*\*150.00

**DOCUMENT # F04000001085**

1. Entity Name  
**BLUEGREEN RECEIVABLES FINANCE CORPORATION VII**



Principal Place of Business      Mailing Address  
**4960 CONFERENCE WAY NORTH, SUITE 100**      **4960 CONFERENCE WAY NORTH, SUITE 100**  
**BOCA RATON, FL 33431**      **BOCA RATON, FL 33431**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**00000010**



04142006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**34-1978092**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301-2525**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> Delete
NAME	HERZ, ALLAN J	
STREET ADDRESS	4960 CONFERENCE WAY NORTH, SUITE 100	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	DVPT	<input type="checkbox"/> Delete
NAME	PULEO, ANTHONY M	
STREET ADDRESS	4960 CONFERENCE WAY NORTH, SUITE 100	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WARDAK, AHMAD	
STREET ADDRESS	4960 CONFERENCE WAY NORTH, SUITE 100	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANGELO, BERNARD J	
STREET ADDRESS	C/O 495 BROAD HOLLOW ROAD, SUITE 239	
CITY-ST-ZIP	MELVILLE, NY 11747	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARTIN, JAMES R	
STREET ADDRESS	4960 CONFERENCE WAY NORTH, SUITE 100	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	See attached sheet.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bernard J. Angelo	
STREET ADDRESS	445 Broad Hollow Road, Suite 239	
CITY-ST-ZIP	Melville, New York 11747	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Teri Puleo	
STREET ADDRESS	4960 Conference Way North, Suite 100	
CITY-ST-ZIP	Boca Raton, Florida 33431	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** James R. Martin      James R. Martin, Secretary      **4-24-06**      561-912-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

ATTACHMENT

60030510

#F040000001085

Bluegreen Receivables  
Finance Corporation VII

Officers:

Allan J. Herz, President  
4960 Conference Way North, Suite 100  
Boca Raton, Florida 33431

James R. Martin, Secretary  
4960 Conference Way North, Suite 100  
Boca Raton, Florida 33431

Anthony M. Puleo, Treasurer  
4960 Conference Way North, Suite 100  
Boca Raton, Florida 33431

Anthony M. Puleo, Vice President  
4960 Conference Way North, Suite 100  
Boca Raton, Florida 33431

Ahmad Wardak, Vice President  
4960 Conference Way North, Suite 100  
Boca Raton, Florida 33431

Teri Puleo, Vice President  
4960 Conference Way North, Suite 100  
Boca Raton, Florida 33431

Martha Waltermire, Vice President  
4960 Conference Way North, Suite 100  
Boca Raton, Florida 33431

Directors:

Allan J. Herz  
4960 Conference Way North, Suite 100  
Boca Raton, Florida 33431

Anthony M. Puleo  
4960 Conference Way North, Suite 100  
Boca Raton, Florida 33431

Bernard J. Angelo  
445 Broad Hollow Road, Suite 239  
Melville, New York 11747