RESORT INFORMATION FORM

If you are selling a BLUEGREEN® timeshare interest, you do NOT need to complete this document.

RESORT NAME: _____

ADDRESS: _____ (Street) _____ (City) _____ (State/Region)

_____ (Zip/Postal Code) _____ (Country)

CHECK-IN DAY/TIME: _____

ANNUAL MAINTENANCE FEES: _____

ANNUAL REAL ESTATE TAXES: _____

UNIT DESCRIPTION

of Bedrooms: _____ # of Bathrooms: _____ Square Feet: _____

Does it have a patio/balcony/lanai/deck? **Yes** ☐ **No** ☐

View (e.g., oceanfront, oceanview, mountain, lake, courtyard, etc.) _____

How many people does the unit sleep? _____

What type of beds per room? (king, queen, full, twin, bunk, sleeper sofa)

Bedroom 1 _____ Bedroom 2 _____

Bedroom 3 _____ Living Room _____

Whirlpool bath in unit? **Yes** ☐ **No** ☐

Kitchen? **Yes** ☐ **No** ☐ What type of appliances? _____

How many TVs? _____ Cable or satellite? _____

VCR? **Yes** ☐ **No** ☐ DVD? **Yes** ☐ **No** ☐ CD Stereo? **Yes** ☐ **No** ☐

Internet access? **Yes** ☐ **No** ☐ If yes, what type? _____
(dial-up, broadband, wireless)

Guaranteed or floating ownership? _____

If floating, please describe reservation procedures: _____