

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004998

Entity Name: BRIGHT HOLIDAYS, INC.**Current Principal Place of Business:**24532 DEER TRACE DRIVE
PONTE VEDRA BEACH, FL 32082**Current Mailing Address:**24532 DEER TRACE DRIVE
PONTE VEDRA BEACH, FL 32082**FEI Number:** 20-2840502**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FORRESTER, JOHN N
24532 DEER TRACE DRIVE
PONTE VEDRA BEACH, FL 32082 US*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**Officer/Director Detail :**

Title	D
Name	FORRESTER, JOHN N
Address	24532 DEER TRACE DRIVE
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	D
Name	VIOLETRA, WARD
Address	6127 CEDAR HILLS BLVD.
City-State-Zip:	JACKSONVILLE FL 32210

Title	D
Name	HUSK, MELANIE J
Address	10734 WAVERLEY BLUFF WAY
City-State-Zip:	JACKSONVILLE FL 32223

Title	D
Name	FRASER, THOMAS JJR
Address	4230 PABLO PROFESSIONAL COURT, SUITE 200
City-State-Zip:	JACKSONVILLE FL 32224

Title	D
Name	JOHNSON, SYLVIA
Address	900 ACORN STREET
City-State-Zip:	JACKSONVILLE FL 32209

Title	D
Name	HANSON, KARL
Address	50 N. LAURA STREET, SUITE 2800
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	FORRESTER, LEIGH M
Address	24532 DEER TRACE DRIVE
City-State-Zip:	PONTE VEDRA BEACH FL 32082

I hereby 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 all other like empowered.

SIGNATURE: JOHN N. FORRESTER**DIRECTOR****01/22/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date