

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004998

Entity Name: BRIGHT HOLIDAYS, INC.**Current Principal Place of Business:**7540 FOUNDERS WAY
PONTE VEDRA BEACH, FL 32082**Current Mailing Address:**7540 FOUNDERS WAY
PONTE VEDRA BEACH, FL 32082 US**FEI Number:** 20-2840502**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHREVE, MIKE
7540 FOUNDERS WAY
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:** MIKE SHREVE

01/28/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name HUSK, MELANIE J
Address 1616 RIVER RD
101
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name WAGNER, PAIGE
Address 13133 VIA ROMA COURT
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name KING, FRANCES
Address 1070 CASTAWAY CT
City-State-Zip: DAYTONA BEACH FL 32124

Title PRESIDENT
Name SHREVE, MIKE
Address 7540 FOUNDERS WAY
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR
Name JOHNSON, SYLVIA
Address 9098 ROCKPOND MEADOWS DR
City-State-Zip: JACKSONVILLE FL 32221

Title DIRECTOR
Name HOFFMANN, LINDSAY
Address 13375 STONE POND DR
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name MILLER, TODD
Address 7643 GATE PKWY
104-663
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name MCQUIDDY, DEAN
Address 1579 THE GREENS WAY
SUITE 20
City-State-Zip: JACKSONVILLE BEACH FL 32250

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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: MIKE SHREVE

PRESIDENT

01/28/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HAWKINS, HANNAH
Address 2406 PROVATI CT
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR
Name SIZEMORE, DAN
Address 1201 1ST ST NORTH
 APT 1204
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR
Name REGAN, REGINA
Address 70 GRAY OWL PT
City-State-Zip: PONTE VEDRA FL 32081

Title DIRECTOR
Name SIZEMORE, CAROLYN
Address 1201 1ST ST NORTH
 APT 1204
City-State-Zip: JACKSONVILLE BEACH FL 32250