

2015 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 CHAIRMAN
Name FORRESTER, JOHN N
Address 24532 DEER TRACE DRIVE
City-State-Zip: PONTE VEDRA BEACH FL 32082

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

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

Title DIRECTOR
Name FORRESTER, LEIGH M
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 FRASER, THOMAS JJR
Address 4230 PABLO PROFESSIONAL COURT
SUITE 250
City-State-Zip: JACKSONVILLE FL 32224

Title D
Name HANSON, KARL
Address 5121 WILTON WALK DRIVE
City-State-Zip: JACKSONVILLE FL 32224

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

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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: JOHN FORRESTER**CHAIRMAN****01/18/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HOFFMANN, LINDSAY
Address 11 ARBOR COURT
APT.320
City-State-Zip: PONTE VEDRA FL 32082

Title DIRECTOR
Name MILLER, TODD
Address 24532 DEER TRACE DRIVE
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR
Name LOWE, SHELLEY
Address 11718 ALEXANDER COURT
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR
Name KING, FRANCES
Address 111 SOLANA ROAD
SUITE B
City-State-Zip: PONTE VEDRA FL 32082

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

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