## 2024 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 01/19/2024

Electronic Signature of Registered Agent

Officer/Director Detail:

Address

Title DIRECTOR Title DIRECTOR

HUSK, MELANIE J DIRECTOR WAGNER, PAIGE DIRECTOR Name Name 13133 VIA ROMA COURT Address 841 PRUDENTIAL DR Address

City-State-Zip: JACKSONVILLE FL 32224 City-State-Zip: JACKSONVILLE FL 32207

DIRECTOR Title Title DIRECTOR

MILLER, TODD DIRECTOR Name Name KING, FRANCES DIRECTOR

Address 7643 GATE PKWY

1070 CASTAWAY CT Address 104-663

City-State-Zip: JACKSONVILLE FL 32256 City-State-Zip: DAYTONA BEACH FL 32124

Title **DIRECTOR** Title **PRESIDENT** 

Name MCQUIDDY, DEAN DIRECTOR SHREVE, MIKE PRESIDENT Name

Address 1579 THE GREENS WAY 7540 FOUNDERS WAY Address

SUITE 20 PONTE VEDRA BEACH FL 32082

City-State-Zip: City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR Title **DIRECTOR** 

SOLOMON, HANNAH HAWKINS Name Name SIZEMORE, DAN DIRECTOR **DIRECTOR** 

> 4082 SEASIDE DR E Address 1201 1ST ST NORTH

**APT 1204** 

JACKSONVILLE BEACH FL 32250 City-State-Zip: 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.

01/19/2024 SIGNATURE: MIKE SHREVE **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Jan 19, 2024

**Secretary of State** 

8661360274CC

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name SIZEMORE, CAROLYN DIRECTOR

Address 1201 1ST ST NORTH

APT 1204

City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR

Name STOUT, WILL DIRECTOR
Address 1188 SALT MARSH CIRCLE

City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR

NameMASON, ATSUKO DIRECTORAddress12071 LONDON LAKE DR WCity-State-Zip:JACKSONVILLE FL 32258

Title DIRECTOR

Name SHREVE, SHARON ANNE DIRECTOR

Address 7540 FOUNDERS WAY

City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR

Name JEFFERSON, TABITHA DIRECTOR

Address 9765 HECKSCHER DR
City-State-Zip: JACKSONVILLE FL 32226