

**2022 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

02/01/2022

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

**Continues on page 2**

*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

02/01/2022

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 SHREVE, SHARON ANNE  
Address 7540 FOUNDERS WAY  
City-State-Zip: PONTE VEDRA BEACH FL 32082

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