## 2018 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 01/11/2018

Electronic Signature of Registered Agent Date

City-State-Zip:

Officer/Director Detail:

Title D Title D

Name VIOLETRA, WARD Name HUSK, MELANIE J

Address 6127 CEDAR HILLS BLVD. Address 10734 WAVERLEY BLUFF WAY

City-State-Zip: JACKSONVILLE FL 32210 City-State-Zip: JACKSONVILLE FL 32223

Title D Title D

Name FRASER, THOMAS JJR Name JOHNSON, SYLVIA

Address 4230 PABLO PROFESSIONAL COURT Address 900 ACORN STREET

SUITE 250

City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR

Name WAGNER, PAIGE
Name HANSON, KARL

Address 5121 WILTON WALK DRIVE Address 13133VIA ROMA COURT

City-State-Zip: JACKSONVILLE FL 32224

City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR

Name HOFFMANN, LINDSAY

Address 11 ARBOR COURT Address 111 SOLANA ROAD SUITE B

APT.320 City State Zin: DONT

City-State-Zip: PONTE VEDRA FL 32082

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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 01/11/2018

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 11, 2018

**Secretary of State** 

CC1723927347

JACKSONVILLE FL 32209

## Officer/Director Detail Continued:

Title DIRECTOR
Name MILLER, TODD

Address 24532 DEER TRACE DRIVE

City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR

Name MCQUIDDY, DEAN

Address 1579 THE GREENS WAY

SUITE 20

City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR

Name SWANTEK, HOLLY

Address 10264 HEATHER GLEN DRIVE City-State-Zip: JACKSONVILLE FL 32256

Title PRESIDENT
Name SHREVE, MIKE

Address 7540 FOUNDERS WAY

City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR

Name HAWKINS, HANNAH Address 7540 FOUNDERS WAY

City-State-Zip: PONTE VEDRA BEACH FL 32082