

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001858

**Entity Name:** ACADEMY OF FLORIDA MANAGEMENT ATTORNEYS, INC.

**Current Principal Place of Business:**

201 E LAS OLAS BLVD  
STE 1700  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

7401 WILES ROAD  
SUITE 331  
CORAL SPRINGS, FL 33067 US

**FEI Number:** 65-1106067

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CAULKINS, CHARLES S  
201 E LAS OLAS BLVD  
STE 1700  
FORT LAUDERDALE, FL 33301 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 PAST PRESIDENT, DIRECTOR  
Name KLINE, ARLENE  
Address AKERMAN LLP  
777 SOUTH FLAGLER DRIVE SUITE  
1100 WEST TOWER  
City-State-Zip: WEST PALM BEACH FL 33401

Title VP  
Name FARB, GAIL  
Address 200 SOUTH ORANGE AVENUE  
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR  
Name MUELLER, MICHAEL  
Address 333 SE 2ND AVENUE  
SUITE 2400  
City-State-Zip: MIAMI FL 33131

Title PRESIDENT  
Name VANCE, KEVIN  
Address C/O DUANE MORRIS  
1875 NW CORPORATE BLVD SUITE  
300  
City-State-Zip: BOCA RATON FL 33431

Title SECRETARY, TREASURER  
Name KAHN, ALLISON  
Address 525 OKEECHOBEE BLVD.  
STE. 1200  
City-State-Zip: WEST PALM BEACH FL 33401

*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: KEVIN VANCE**

**PRESIDENT**

**04/30/2024**

Electronic Signature of Signing Officer/Director Detail

Date