

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000001073

**Entity Name:** FLORIDA ASSOCIATION OF COUNTY MANAGERS, INC.**Current Principal Place of Business:**100 SOUTH MONROE STREET  
TALLAHASSEE, FL 32301**Current Mailing Address:**100 SOUTH MONROE STREET  
TALLAHASSEE, FL 32301**FEI Number:** 47-3029224**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DELEGAL, VIRGINIA S ESQ.  
100 SOUTH MONROE STREET  
TALLAHASSEE, FL 32301 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           | TREASURER                                   |
| Name            | ARNOLD, BRADLEY S                           |
| Address         | SUMTER COUNTY<br>7375 POWELL ROAD SUITE 200 |
| City-State-Zip: | WILDWOOD FL 34785                           |

|                 |                                   |
|-----------------|-----------------------------------|
| Title           | PRESIDENT                         |
| Name            | FLORES, HECTOR                    |
| Address         | CHARLOTTE<br>18500 MURDOCK CIRCLE |
| City-State-Zip: | PORT CHARLOTTE FL 33948           |

|                 |                                         |
|-----------------|-----------------------------------------|
| Title           | SECRETARY                               |
| Name            | CEPERO, MONICA                          |
| Address         | BROWARD COUNTY<br>115 S. ANDREWS AVENUE |
| City-State-Zip: | FORT LAURDERDALE FL 33301               |

|                 |                                            |
|-----------------|--------------------------------------------|
| Title           | IMMEDIATE PAST PRESIDENT                   |
| Name            | LEWIS, JONATHAN                            |
| Address         | SARASOTA COUNTY<br>1660 RINGLING BOULEVARD |
| City-State-Zip: | SARASOTA FL 34236                          |

|                 |                                             |
|-----------------|---------------------------------------------|
| Title           | PRESIDENT ELECT                             |
| Name            | HINES, MANDY                                |
| Address         | DESOTO COUNTY<br>201 E. OAK STREET STE. 201 |
| City-State-Zip: | ARCADIA FL 34266                            |

*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: MONICA CEPERO****SECRETARY****02/04/2025**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date