

From: solodev@seminolecountyfl.gov
To: [Williams, Timothy](#)
Subject: Request for Board Appointments
Date: Thursday, February 27, 2025 11:20:58 AM

Contact Information

First Name * **Mark**
Middle Initial **A**
Last Name * **Reyes**
Email Address * **Mark@howardreyeslaw.com**
Cell Phone Number **407 314-6902**
Office Phone Number **407 322-5075**
Home Phone Number

Home Address

Address * **40 Sheoah Blvd**
Address 2 **Apt 32**
City * **Winter Springs**
State * **FL**
Zipcode * **32708**

Work/Office Address

Address **700 W/. 1st Street**
Address 2
City **Sanford**
State **FL**
Zipcode **32771**

Employment Information

Employer **Howard & Reyes, Chartered**
Position **President/Attorney**
How Long **41 years**

Education

High School **Lyman High School**
College **West Virginia University**
Degree Received **Juris Doctor**

If you currently or have ever held a professional or business license or certificate, please provide the title, issue date and issuing authority. If any disciplinary action has been taken, please state the type and date of the action taken: License to Practice Law. Sworn in to the Florida Bar in 1984.

Board Interest

Please list the Boards or Committees on which you would prefer to be considered for appointment: **Fred R Wilson Memorial Law Library Board of Trustees**

Do you wish to be considered for other Boards? **no**

Please state your experience and interests that you feel would qualify you as a candidate for appointment to the Board/Committee(s): I have served on this Board for approximately 13 years

Florida law requires that members of certain boards file a detailed financial disclosure form. Would you be willing to serve on such a board? * **no**

Tell Us About Yourself

Are you a resident of Seminole County? * **yes**

Are you a registered voter? * **yes**

Do you own property in Seminole County? * **yes**

Have you ever served on a County Board? * **yes**

If yes, when and which boards(s)? **Fred R. Wilson Memorial Law Library**

Seminole County strives to ensure that all County Boards are representative of the community. To assist in this endeavor, please check the applicable boxes:

Ethnicity * **hispanic**

Gender * **male**

Date Of Birth **12/30/1957**

Reference 1

Name **Esther McKean, Esq.**

Address **420 S. Orange Avenue, Suite 1200, Orlando. FL 32801**

Phone Number **407 423-4000**

Reference 2

Name **Daniel Kavanaugh, Esq.**

Address **200 S. Orange Avenue, Ste2600, Orlando, FL 32801**

Phone Number **407 425-8500**

Reference 3

Name **Thomas Greene, Esq.**

Address **700 W. 1st Street, Sanford, FL 32771**

Phone Number **407-321-0751**

Certification

The Appointment Information Form, when completed and filed with the County Commission Office, is a PUBLIC RECORD under Chapter 119, Florida Statutes, and therefore is open to public inspection by any person.

[x] I understand the responsibilities associated with being a Board member, and I have adequate time to serve on the above Board(s). *