

From: solodev@seminolecountyfl.gov
To: [Williams, Timothy](#)
Subject: Request for Board Appointments
Date: Tuesday, April 15, 2025 3:05:32 PM

Contact Information

First Name * **Charles**
Middle Initial **A**
Last Name * **Lacey**
Email Address * **c.lacey@qtscorp.com**
Cell Phone Number **4073599927**
Office Phone Number
Home Phone Number

Home Address

Address * **1410 Winding Stream Ct**
Address 2
City * **Winter Springs**
State * **FL**
Zipcode * **32708**

Work/Office Address

Address
Address 2
City
State
Zipcode

Employment Information

Employer
Position
How Long

Education

High School
College **FSU**
Degree Received **BS**

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:

Board Interest

Please list the Boards or Committees on which you would prefer to be considered for appointment: **SANAC**
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):

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? * **no**

If yes, when and which boards(s)?

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 * **caucasian**

Gender * **male**

Date Of Birth **07071954**

Reference 1

Name **Jay Zembower**

Address **1101 East 1st Street Sanford, FL 32771**

Phone Number **4076657205**

Reference 2

Name **Bob Dallari**

Address **1101 East 1st Street Sanford, FL 32771**

Phone Number **4076657215**

Reference 3

Name **John Jordan**

Address **1612 Wood Duck Dr, Winter Springs**

Phone Number **407-725-3950**

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). *