

New Business

SPEAKER'S CARD (Please Print)

VI. F. 2  
①

NAME Kim Rezanka  
ADDRESS 96 Willard St. #302  
Cocoa FL 32922  
CITY STATE ZIP CODE  
ORGANIZATION YOU REPRESENT LTM of Fla Holdings  
SUBJECT VI F. 2

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Kim Rezanka  
Signature

10/24/17  
Date

AGENDA #  
VI.F.2

New Bus.

SPEAKER'S CARD (Please Print)

VI. F. 2  
②

NAME Ed Washburn  
ADDRESS 3609 Brunot Circle  
Melbourne FL 32940  
CITY STATE ZIP CODE  
ORGANIZATION YOU REPRESENT TOWN of Palm Shores  
SUBJECT VI-F-2

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Ed Washburn  
Signature

10-24-17  
Date

AGENDA #  
VI-F-2

Consent

SPEAKER'S CARD (Please Print)

II.A.1



NAME Keith Winston

ADDRESS \_\_\_\_\_ # \_\_\_\_\_ STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

ORGANIZATION YOU REPRESENT Board 201

SUBJECT II A I available for questions if pulled

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

[Signature]  
Signature

10/2  
Date

AGENDA #  
II.A.1

Public Comment

SPEAKER'S CARD (Please Print)

III



NAME FRED McMillian

ADDRESS 5008 N Cocoa Blvd  
Cocoa # \_\_\_\_\_ STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

ORGANIZATION YOU REPRESENT Distric I

SUBJECT \_\_\_\_\_

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

[Signature]  
Signature

10.24.17  
Date

AGENDA #  
III

PUBLIC COMMENT

SPEAKER'S CARD (Please Print)

III  
3

NAME MR Charles A Torrey

ADDRESS 2553 Roberts Rd

McBurdette #1 CITY STATE STREET ZIP CODE 32940

ORGANIZATION YOU REPRESENT Self-Americans

SUBJECT Aerow / my house

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Charles A Torrey  
Signature

10-24-2017  
Date

AGENDA #  
III

Pub. Hearing

SPEAKER'S CARD (Please Print)

IV.D  
1

NAME JOHN NEWTON

ADDRESS 1217 S. Riverside Dr.

Indian Lake # FL CITY STATE STREET ZIP CODE 32902

ORGANIZATION YOU REPRESENT Roppa Hearings

SUBJECT IV D. 30-day Extension of Impact Fee

Moratorium

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

John Newton  
Signature

10/24/17  
Date

AGENDA #  
IV D.

Pub Hearing, SPEAKER'S CARD (Please Print) IV. A. ①

NAME Tommyzenia & Cynthia Williams

ADDRESS 2665 Myrtle ave / 4558 Clamshell  
minis / bx FC # 32754 / 32218  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT \_\_\_\_\_

SUBJECT 4A

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

  
Signature

10/24/17  
Date

AGENDA #  
IV. A.

Public Hearing, SPEAKER'S CARD (Please Print) IV. C ②

NAME William C Dewberry

ADDRESS 2325 ABALON 3 AVE  
PADILANT, PC # 31903  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT My Self

SUBJECT Vacate Right of Way Property

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

  
Signature

10/24/2017  
Date

AGENDA #  
\_\_\_\_\_

PUBLIC HEARING

SPEAKER'S CARD (Please Print)

IV.C  
①

NAME SUSAN RAND

ADDRESS 2245 Abalone Ave  
Indian Shores # FL STREET 32903  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT Myself

SUBJECT Violating of right of way

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.



Signature

10/24/17  
Date

AGENDA #  
IV.C

10:00 Time Certain

SPEAKER'S CARD (Please Print)

V.A.  
③

NAME George GELTKO

ADDRESS 507 Lake Victoria Circle  
Melbourne # FL STREET 32940  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT Belt Advisory Committee

SUBJECT \_\_\_\_\_

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.



Signature

Date

AGENDA #  
V.A.

10:00 Time Certain

SPEAKER'S CARD (Please Print)

V.A.  
(4)

NAME ART FRIEDMAN

ADDRESS 2745 RAIN TREE LAKE CIRCLE  
MI # FL STREET 32953  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT MERRITT ISLAND HIGH SCHOOL

SUBJECT HIGH SCHOOL GOLF

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

[Signature]  
Signature

10/24/17  
Date

AGENDA #  
V.A.

10:00 Time Certain

SPEAKER'S CARD (Please Print)

V.A.  
(5)

NAME SONIA BOSINGER

ADDRESS 217 Ash Ave  
Melbourne Bch # FL STREET 32951  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT The Savannahs HOA

SUBJECT GOLF - V(A)

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

[Signature]  
Signature

10/24/17  
Date

AGENDA #  
[ ]

10:00 Time Certain

SPEAKER'S CARD (Please Print)

V.A

NAME Bill Bancroft ①

ADDRESS 4195 SAVANNAH TRAIL  
MERRITT ISLAND FL 32953  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT Myself

SUBJECT V. A. - Golf Courses

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

[Signature]  
Signature

10/24/17  
Date

AGENDA #  
V.A.

10:00 Time Certain

SPEAKER'S CARD (Please Print)

V.A.  
(6)

NAME Cindy Greene

ADDRESS 4088 Sand Ridge Dr  
Merritt Island FL 32953  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT Savannah's HOA

SUBJECT SAVANNAH'S - GOLF COURSE

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

[Signature]  
Signature

10/24/17  
Date

AGENDA #  
5A

10:00 Time Certain

SPEAKER'S CARD (Please Print)

V.A. (1)

NAME BUK HINNESS MARK  
ADDRESS 3600 SAVANNAH TRAIL  
MI # FL STREET 32953  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT \_\_\_\_\_

SUBJECT 5A

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

[Signature] 10-24-17  
Signature Date

AGENDA #  
5A

10:00 Time Certain

SPEAKER'S CARD (Please Print)

V.A. (2)

NAME Michael Hayner  
ADDRESS 3490 SAVANNAH TRAIL  
Merritt Island # FL STREET 32953  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT Home Owners & Golfers

SUBJECT Item # 5A - Golf Courses

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

[Signature] 10/24/2017  
Signature Date

AGENDA #  
V.A.

10:00 Time Certain

SPEAKER'S CARD (Please Print)

V.A.  
9

NAME LARRY FITZGERALD

ADDRESS 3550 SAUANNATHS TRAIL  
MERRITT ISLAND FL 32953  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT SELF

SUBJECT GOLF COURSES

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

[Signature]  
Signature

10/24/17  
Date

AGENDA #  
V.A.

10:00 Time Certain

SPEAKER'S CARD (Please Print)

V.A.  
8

NAME GAIL MYERS

ADDRESS 217 WOODY CIR  
MEL BOM FL 32951  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT GOLF ADVISORY BOARD

SUBJECT GOLF COURSES

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

[Signature]  
Signature

10/24/2017  
Date

AGENDA #  
V.A.

10:00 Time Certain

SPEAKER'S CARD (Please Print)

V.A.  
⑪

NAME JAY FERN

ADDRESS 7250 S US HWY 1

GRANT # FLA STREET 32949  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT OLEI INC

SUBJECT GOLF COURSE SOLUTION

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Jay Fern  
Signature

10-24-17  
Date

AGENDA #  
54

10:00 Time Certain

SPEAKER'S CARD (Please Print)

V.A.  
⑩

NAME Susan Smith

ADDRESS 4072 Sand Ridge Drive

Merritt Island # FL STREET 32953  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT Savannah's Resident

SUBJECT Golf Course

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Susan Smith  
Signature

10/24/17  
Date

AGENDA #  
V.A.

Questions Only

**SPEAKER'S CARD (Please Print)**

VI.B.2

(1)

NAME Tim Timmerman

ADDRESS 2340 High Ridge Rd  
Melb # FL STREET 32935  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT Brevard Alzheimer's Forum

SUBJECT EB0

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

  
Signature

10-24-17  
Date

AGENDA #  
VI.B.2

**SPEAKER'S CARD (Please Print)**

NAME SCOTT ELLI

ADDRESS 2811 Maple Ridge  
EAU GALIE # FL STREET 32935  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT CLEVA

SUBJECT \_\_\_\_\_

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

  
Signature

11/23/17  
Date

AGENDA #  
\_\_\_\_\_

New Business

SPEAKER'S CARD (Please Print)

VI. B. 2

(4)

NAME Thomas Cole

ADDRESS 705 Blaine

Cocoa # FL STREET 32921  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT Emma Jewel

SUBJECT CBO VI B-2

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

[Signature]  
Signature

10.24.17  
Date

AGENDA #  
VI B2

Questions Only

SPEAKER'S CARD (Please Print)

VI. B. 2

(2)

NAME Janice Miller

ADDRESS 4676 N. Wickham Rd

Melbourne FL # FL STREET 32935  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT Brevard Alzheimers

SUBJECT CBO funding

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

[Signature]  
Signature

10/24/17  
Date

AGENDA #

For Questions Only

SPEAKER'S CARD (Please Print)

VI.B.2

5

NAME DAVID BRUBAKER

ADDRESS 7570 PATH Dr.

Memitt Island # FL STREET 32953  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT CENTRAL BREVARD SHARING CENTER

SUBJECT CBO

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

  
Signature

10/24  
Date

AGENDA #  
VI-B-2

Questions Only

SPEAKER'S CARD (Please Print)

VI.B.2

3

NAME BECKY LEMSTROM

ADDRESS 1565 SARNO ROAD

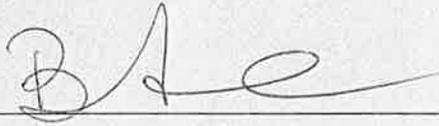
MELBOURNE # FL STREET 32935  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT WOMEN'S CENTER

SUBJECT VI - New business - CBO recommendations

\*\* AVAILABLE FOR QUESTIONS \*\*

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

  
Signature

10/24/17  
Date

AGENDA #  
VI-B

QUESTIONS ONLY

SPEAKER'S CARD (Please Print)

VI. B. 2

(6)

NAME TARA PABLIARINI

ADDRESS 5429 DUSKYWING DR.

ROCKLEDGE CITY FL STATE 32955 ZIP CODE

ORGANIZATION YOU REPRESENT FAMILY PROMISE OF BREVARD

SUBJECT CBO - AVAILABLE TO ANSWER ANY

QUESTIONS

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

[Signature]

10/24 Date

AGENDA # VI. B. 2

Available for questions

SPEAKER'S CARD (Please Print)

VI. F. 1

(1)

NAME Mark Sween

ADDRESS 486 Glyn Tawel Drive

Granville CITY OH STATE 43023 ZIP CODE

ORGANIZATION YOU REPRESENT Dominion

SUBJECT Crane Creek Senior Apartments

VI F. 1. on agenda

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

[Signature]

10-24-17 Date

AGENDA # VI. F. 1

NEW BUSINESS

SPEAKER'S CARD (Please Print)

V.I.F. 1  
②

NAME Angela Abbott

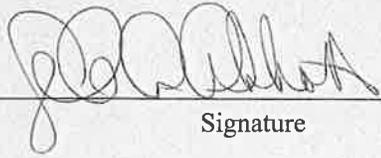
ADDRESS 4420 S. Washington Ave.  
Titusville # FL STREET 32780  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT Brevard County Housing Finance Authority

SUBJECT Crane Creek Senior Apartments Financing

**\* AVAILABLE TO ANSWER QUESTIONS \***

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

  
Signature

10/24/17  
Date

AGENDA #  
VIF 1