

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

Agenda# T1

NAME Mark Bolayo

ADDRESS 291 N. Indian River Dr

CITY Colo STATE FL STREET # 32922 ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Omni Healthcare

SUBJECT / Agenda # proposal to provide vaccinations

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

MMS  
Signature Date 3/23/21

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

Agenda# T1

NAME CHAIK DELICADIST

ADDRESS 815 SAND KEY RD

CITY Indialantic STATE FL STREET # 32963 ZIP CODE

ORGANIZATION YOU REPRESENT / SELF OMNI HEALTHCARE

SUBJECT / Agenda # New Businon #1

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

SR  
Signature Date 3/23/2021

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

Agenda# 7.1

NAME JASON STEELE

ADDRESS 343 ORLEANS BLVD

CITY INDIANAPOLIS STATE IN ZIP CODE 46203

ORGANIZATION YOU REPRESENT / SELF COMMUNITY HEALTH CTN

SUBJECT / Agenda # 5-1

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

  
Signature JS Date 3/23/24

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

Agenda# 6

NAME Robert Burns

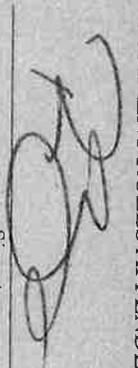
ADDRESS \_\_\_\_\_

CITY Vern STATE IL STREET \_\_\_\_\_ ZIP CODE \_\_\_\_\_

ORGANIZATION YOU REPRESENT / SELF Self

SUBJECT / Agenda # 6

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

  
Signature \_\_\_\_\_ Date 3/22/24

NAME Sandra Silva (1)

ADDRESS 165 Dorset Lane

STREET # 885 CITY FL STATE FL ZIP CODE 32937

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda # Public Comments  
BEIR / Haverkes / turtles

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

Sandra Silva  
Signature

Date

Content - Questions  
SPEAKER'S CARD (Please Print) Agenda# F-10

NAME Beth Canisale

ADDRESS 1910 FARRINGTON AVENUE

STREET # FL CITY FL STATE FL ZIP CODE 32940

ORGANIZATION YOU REPRESENT / SELF West East Community Development District

SUBJECT / Agenda # only here to answer questions  
for F-10 F&S separated

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

[Signature]  
Signature

3/23/21  
Date

**SPEAKER'S CARD (Please Print)** Agenda# K

NAME At H. H. H. H.

ADDRESS 141 ESTHER DR

CITY Cocoa Beach STATE FL STREET # 32931 ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Self

SUBJECT / Agenda # Loni Wilson Park

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

[Signature] Signature Date 3/23/21

**Public Comment** SPEAKER'S CARD (Please Print) Agenda# K

NAME RALPH THURSTON

ADDRESS 800 N. PISKE BLVD, A 403

CITY Cocoa STATE FL STREET # 32922 ZIP CODE

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda # GOLFERS FOR VOLUNTARIAN COACHING

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

[Signature] Signature Date

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

Agenda#

J.3

NAME Mawreen Ruge J3. 11

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

Port St John CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF \_\_\_\_\_

SUBJECT / Agenda # \_\_\_\_\_

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

Mawreen E Ruge Signature 3/23/21 Date

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

Agenda#

J.5

NAME Sandra Silva 11

ADDRESS 485 # \_\_\_\_\_ STREET \_\_\_\_\_

Port St John CITY STATE ZIP CODE 2937

ORGANIZATION YOU REPRESENT / SELF \_\_\_\_\_

SUBJECT / Agenda # J3 \_\_\_\_\_

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

[Signature] Signature \_\_\_\_\_ Date \_\_\_\_\_

NAME Shannon Lewis

(1)

ADDRESS 900 E. Strawbridge Ave

STREET #

Melbourne

FL

32901

CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF

City of Melbourne

SUBJECT / Agenda # 16

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



Signature

3/23/2021

Date

**New Business - Questions Only**  
SPEAKER'S CARD (Please Print)

Agenda#

NAME Edgar Campa-Palacios

12

ADDRESS 6525 3rd St. Unit 304

Rockledge

FL

32955

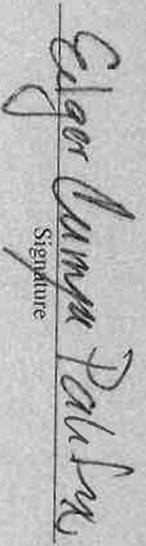
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF

Ed of Florida's Space Coast

SUBJECT / Agenda # For questions only regarding agenda item #2

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



Signature

3/23/2021

Date

NAME Kim Rezaika (1)

ADDRESS 1290 US 1 #            STREET           

CITY            STATE            ZIP CODE           

ORGANIZATION YOU REPRESENT / SELF Applicant

SUBJECT / Agenda # H2

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

Kim Rezaika  
Signature Date 3/23/21

*New Business* SPEAKER'S CARD (Please Print) Agenda# H2

NAME Paul A. Frey (2)

ADDRESS 900 E Strasburg Ave

Melbourne #            STREET             
CITY STATE ZIP CODE 32901

ORGANIZATION YOU REPRESENT / SELF Mayor / City of Melbourne

SUBJECT / Agenda # H2

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

[Signature]  
Signature Date 3/23/2021

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

Agenda# H2

NAME

Zac Brigante

(8)

ADDRESS

1101 Vineland St

CITY

STATE

ZIP CODE

PSJ

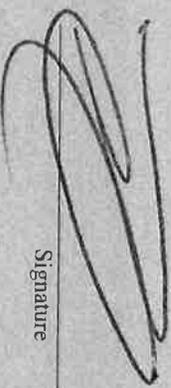
FL

32927

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda #

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



Signature

3/23/2021

Date

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

Agenda# H2

NAME

Mawson Rupe

(9)

ADDRESS

7185 Bright Ave

CITY

STATE

ZIP CODE

Port St John

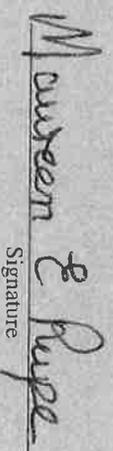
FL

32927

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda # H2

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



Signature

3/23/21

Date

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

Agenda# H2  
(6)

NAME Jose Cadiz CORR

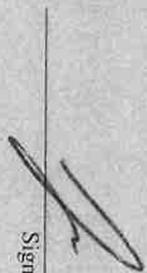
ADDRESS 1159 vine land ST,

CITY Cocoa STATE FL STREET # 32927 ZIP CODE

ORGANIZATION YOU REPRESENT / SELF \_\_\_\_\_

SUBJECT / Agenda # \_\_\_\_\_

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

  
Signature \_\_\_\_\_ Date 3-23-21

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

Agenda# H2  
(7)

NAME Jon Shepherd

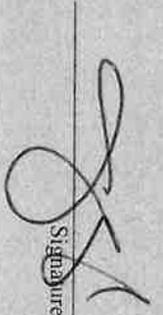
ADDRESS 657 Montreal Ave

CITY Melb STATE FL STREET # 32935 ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Atlantic Environmental Owners

SUBJECT / Agenda # HA

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

  
Signature \_\_\_\_\_ Date 3/23/21

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

Agenda#

NAME

Thomas Amstadt

42  
4

ADDRESS

5941 CEDAR LAKE DRIVE

CITY

COCOA

STATE

FL

STREET #

32927

ZIP CODE

ORGANIZATION YOU REPRESENT /

SELF

SUBJECT / Agenda #

H12

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

Thomas Amstadt

Signature

3-23-21

Date

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

Agenda#

NAME

Thomas MacFarlane

3412  
5

ADDRESS

1099 VENEWLAND ST.

CITY

COCOA

STATE

FL

STREET #

32927

ZIP CODE

ORGANIZATION YOU REPRESENT /

SELF

SUBJECT / Agenda #

H12

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

Thomas MacFarlane

Signature

3/23/21

Date

Public Health Speaker's Card (Please Print)

Agenda # 4.2

NAME WICK DOLORE

2

ADDRESS 4425 STERIDAN AVE

CA

CITY

STATE

ZIP CODE

FL

32926

ORGANIZATION YOU REPRESENT  
SELF HOME INFLUENZA ADMIN.

SUBJECT / Agenda # H2

QUESTIONS ONLY

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

Wick Dolore

Signature

Date

SPEAKER'S CARD (Please Print)

Agenda # H2

NAME Thelma Lewis

3

ADDRESS 5945' Cedar Lake Drive

FL

CITY

STATE

ZIP CODE

32922

ORGANIZATION YOU REPRESENT /  
SELF

SUBJECT / Agenda # H2

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

Thelma Lewis

Signature

Date

3-23-21

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

Agenda #

(4)

NAME Robert + Burns

J. 1

ADDRESS \_\_\_\_\_

Vicks

FL

STREET

CITY

STATE

ZIP CODE

ORGANIZATION YOU REPRESENT /  
SELF \_\_\_\_\_

SUBJECT / Agenda # 57

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



Signature

3/23/21

Date