

New ~~USEN~~ SPEAKER'S CARD (Please Print)

Agenda# T1

NAME Mark Belong

ADDRESS 291 N. Indian Ave Dr

CITY Colo STATE FL ZIP CODE 32902

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.

MMB  
Signature

3/23/20  
Date

New Business SPEAKER'S CARD (Please Print)

Agenda# T1

NAME CHALG DELICIOUS

(3)

ADDRESS 815 SANDALWOOD DR

CITY Indialantic STATE FL ZIP CODE 32903

ORGANIZATION YOU REPRESENT / SELF OMNI HEALTHCARE

SUBJECT / Agenda # New Business #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

3/23/2021  
Date

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

Agenda# J.1

NAME Jason Steele 1

ADDRESS 3430 E LARDO BLVD

CITY INDIANAPOLIS STATE IN ZIP CODE 46203

ORGANIZATION YOU REPRESENT / SELF COMMUNITY HEALTH CT

SUBJECT / Agenda # J-1

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

  
Signature Jason Steele Date 3/23/24

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

Agenda# 6

NAME Robert Burns 1

ADDRESS \_\_\_\_\_

CITY Vern STATE FL 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

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

Agenda# K

NAME

Sandra Sullivan

①

ADDRESS

165 Dorset Lane

CITY

2885

STATE

NC

ZIP CODE

27937

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda #

201R Public Comments  
201R / Harassment / Turtles

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

Signature

Date

Sandra Sullivan

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

Agenda# 15-10

NAME

Beren Canaville

ADDRESS

1910 Independence Avenue

CITY

Wren

STATE

NC

ZIP CODE

27940

ORGANIZATION YOU REPRESENT / SELF

Wren 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

Date

[Signature]

3/23/21

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

Agenda#

NAME

At Hitch

(2)

ADDRESS

141 Esther Dr

STREET #

CITY

Cocoa Beach FL

STATE

ZIP CODE

32931

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#

NAME

Ralph Livingston

(3)

ADDRESS 800 N. Fiske Blvd, #403

#

STREET

CITY

Cocoa FL

STATE

ZIP CODE

32922

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda #

Golfers for Volunteer  
Cocoa

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

Signature

Ralph Livingston

Date

New Speaker's

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

Agenda#

J.3

NAME

Margaret Ruge

J.3. ①

ADDRESS

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.

Margaret Ruge

Signature

3/23/21

Date

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

Agenda#

J.3

NAME

Sandra Silva

①

ADDRESS

4th Ave

#

STREET

22937

CITY

STATE

ZIP CODE

ORGANIZATION YOU REPRESENT /  
SELF

SUBJECT / Agenda #

J.3

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 BUSINESS

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

Agenda# 16

NAME Shannon Lewis

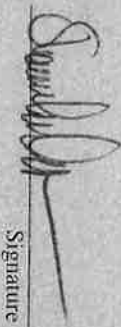
ADDRESS 900 E. Straubridge Ave STREET # 32901

CITY Melbourne STATE FL ZIP CODE 32901

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# 16

NAME Edgar Campa-Palacios

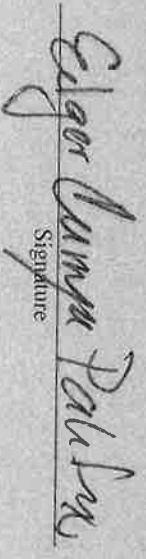
ADDRESS 6525 3rd St. Unit 304

CITY Rockledge STATE FL STREET # 32955

ORGANIZATION YOU REPRESENT / SELF Ed of Florida's Space Coast

SUBJECT / Agenda # For questions only regarding agenda item 12

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 Rezanka (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 Rezanka Signature 3/23/21 Date

New Business SPEAKER'S CARD (Please Print) Agenda# H6

NAME Paul Alfrey (2)

ADDRESS 900 E Strausmeyer Ave

Melbourne CITY FL #            STREET 32901 STATE            ZIP CODE           

ORGANIZATION YOU REPRESENT / SELF Mayor / City of Melbourne

SUBJECT / Agenda # H6

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

[Signature] Signature 3/23/2021 Date

# SPEAKER'S CARD (Please Print)

Agenda# H2

NAME Zac Brigante

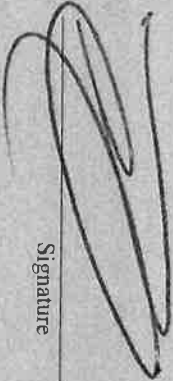
ADDRESS 1101 Vineyard St

CITY PSJ 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

3/23/2021

Date

*Public Hearing* SPEAKER'S CARD (Please Print) Agenda# H2

NAME Maurice Rupa

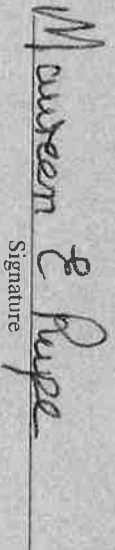
ADDRESS 7185 Bright Ave

CITY Fort St John STATE FL STREET # 32927 ZIP CODE

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 Leon

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

# 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 / Owner

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

3941 CEDAR LAKE DRIVE

#

STREET

CITY

Cocoa

STATE

FL

ZIP CODE

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.

Thomas Amstadt

Signature

3-23-21

Date

## SPEAKER'S CARD (Please Print)

Agenda#

NAME

Thomas MacFarlane

3412  
(5)

ADDRESS

1099 VINELAND ST.

#

STREET

CITY

Cocoa

STATE

FL

ZIP CODE

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.

Thomas Amstadt

Signature

3/23/21

Date

Public ~~Speaker's~~ **SPEAKER'S CARD** (Please Print) Agenda# 4.2

NAME WICK DOPORE (2)

ADDRESS 4425 STERIDAN AVE

CITY CoCoA STATE FL ZIP CODE 32926

ORGANIZATION YOU REPRESENT HOME IN PROTECT 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.

Signature Wick Dore Date \_\_\_\_\_

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

NAME Thelma Lewis (3)

ADDRESS 5945 Cedar Lake Drive

CITY Cocoa STATE FL 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.

Signature Thelma Lewis Date 3-23-21

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

Agenda #

NAME

Robert + Burns

(4)  
J. 1

ADDRESS

Vicksburg

#

FL

STREET

CITY

STATE

ZIP CODE

ORGANIZATION YOU REPRESENT /

SELF

SUBJECT / Agenda #

51

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