

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

IV. 4.46  
Agenda#

NAME JULIAN MANGUM

owners

ADDRESS 7350 N Hwy 1 #102

Cocoa  
CITY

FL  
STATE

32927  
STREET  
ZIP CODE

ORGANIZATION YOU REPRESENT /  
SELF APPLICANT

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

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

Julian Mangum  
Signature

2/1/17  
Date

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

Agenda# 411

NAME STEVE MANGUM Mangum

ADDRESS 2708 Cedar Boring

Cocoa  
CITY

FLA  
STATE

32927  
STREET  
ZIP CODE

ORGANIZATION YOU REPRESENT /  
SELF Mangum Stephen Mangum Auto

SUBJECT / Agenda # L

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

Steve Mangum  
Signature

1/2/2011  
Date

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

Agenda# IV. L  
*Hydrex*

NAME HARVEY BAKER

ADDRESS 925 Westwood Dr

M J # 32953  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /  
SELF 1740 W. King code VIOLATION

SUBJECT / Agenda # 4 L

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

Harvey Baker  
Signature

\_\_\_\_\_  
Date

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

Agenda# IV J

NAME FRANK FALCONE

ADDRESS 106 Palm Circle

Palm Shores # FL 32940  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /  
SELF Town of Palm Shores

SUBJECT / Agenda # IV J LTM Request

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

Frank Falcone  
Signature

Feb 1 2018  
Date

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

IV. J.  
Agenda#  
Applicant

NAME MARK MATTIOLI

ADDRESS 4880 Silver Oak Blvd.

Palm Shores # FL STREET 32935  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF LTM OF Florida

SUBJECT / Agenda # 4J, R

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)**

IV. J.  
Agenda#  
Applicant

NAME Stu Buchanan

ADDRESS PO Box 1545

Titusville # FL STREET 32781  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda # 4J & 4K

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



Signature

2/1/18  
Date

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

72, 2, 2, 1  
Agenda# \_\_\_\_\_

NAME Kim Rezanek

ADDRESS 96 Willard St.

Cocoa FL # 32922  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Ltm of Florida Holding, LLC

SUBJECT / Agenda # J.K

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

Kim Rezanek  
Signature

2/1/18  
Date

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

IV - K  
Agenda# \_\_\_\_\_

NAME ALBERT BENSON

ADDRESS 151 PALM CIR

MELBOURNE # 32940  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF SELF

SUBJECT / Agenda # Change of Zoning Class, Re: GU to BU2 - LTM of FLORIDA HOLDING, LLC

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

Albert Benson  
Signature

1 FEB 2018  
Date

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

IV  
Agenda# K

NAME Lindsay D Robinson

ADDRESS 2412 Olalani Street

Palm Shores # FL STREET 32940  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /

SELF Self

SUBJECT / Agenda # Change of zoning Classification

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

Lindsay D. Robinson  
Signature

1 Feb 18  
Date

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

IV  
Agenda# K

NAME AARON PITTS

ADDRESS 160 PALM CIR

MELBOURNE # FL STREET 32940  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /

SELF SELF

SUBJECT / Agenda # K

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

[Signature]  
Signature

1 FEB 18  
Date

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

Agenda# IV, K.

NAME CHARLES CHAMBLISS

ADDRESS 167 PALM CIRCLE

Palm Shores # FL STREET 32940-7209  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /  
SELF 3 Palm Shores Town Council

SUBJECT / Agenda # K

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

Charles A. Chambliss  
Signature

1 FEB 2018  
Date

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

Agenda# IV, K.

NAME Tim Woodruff

ADDRESS 2411 OKALANI ST.

Palm Shores # FL STREET 32940  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /  
SELF Tim Woodruff / ASHLEY OAKS

SUBJECT / Agenda # K

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

T.J. Woodruff  
Signature

2/1/18  
Date

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

Agenda# IV-K

NAME Sharon Secore

ADDRESS 163 Palm Circle

Melbourne # FL 32940  
CITY STATE ZIP CODE

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

SUBJECT / Agenda # IV-K LTM Request

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

Sharon Secore  
Signature

2/1/18  
Date

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

Agenda# IV-K

NAME FRANK FALCONE

ADDRESS 106 Palm Circle

Palm Shores # FL 32940  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /  
SELF Town of Palm Shores

SUBJECT / Agenda # IV-K LTM Request

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

Frank Falcone  
Signature

Feb 1 2018  
Date

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

Agenda# IV K

NAME Ed Washburn

ADDRESS 3009 Dorenot Circle

Melb. # FL STREET  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / Tom of Plum Shakes  
SELF

SUBJECT / Agenda # IV K LTM Request

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

2/1/18  
Date

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

Agenda# IV. K.

NAME Stu Buchanan

ADDRESS PO Box 1545

Titusville # FL STREET  
CITY STATE ZIP CODE 32781

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.

Stu Buchanan  
Signature

2/1/18  
Date

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

IV. K  
Agenda#  
Applicant

NAME MARK MATTIOLI

ADDRESS 4980 SILVER OAK BLVD.

PALM SHORES FL # 37935  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF CTM OF FLORIDA

SUBJECT / Agenda # 4/K

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

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

IV. K  
Agenda#  
Applicant

NAME Kimi Rozanka

ADDRESS 96 Willard St

Cocoa FL # 32922  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF CTM of Florida Holdings LLC

SUBJECT / Agenda # 4/K

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

[Signature]  
Signature

2/1/18  
Date

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

Agenda# IV J

NAME ALBERT BENSON

ADDRESS 151 PALM CIR

MELBOURNE # FL STREET 32940  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /  
SELF SELF

SUBJECT / Agenda # SMALL SCALE COMPREHENSIVE PLAN  
AMENDMENT RESIDENTIAL 15 90 COMMUNITY (HEAVY)  
COMMERCIAL / (DUTY)

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

Albert Benson  
Signature

1 FEB 2018  
Date

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

Agenda# IV J

NAME Lindsey D. Robinson

ADDRESS 2412 Okalani Street

Palm Shores # FL STREET 32940  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /  
SELF self

SUBJECT / Agenda # J - Small Scale Comprehensive  
Plan Amendment

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

Lindsey D Robinson  
Signature

1 Feb 18  
Date

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

IV. J.  
Agenda# \_\_\_\_\_

NAME Tim Woolwine

ADDRESS 2411 Ocala St

Palm Shores # FL STREET 32940  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Tim Woolwine / ASHLEY OAKS

SUBJECT / Agenda # J

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

[Signature]  
Signature

2/1/18  
Date

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

IV. J.  
Agenda# \_\_\_\_\_

NAME Charles Chambliss

ADDRESS 167 Palm Circle

Palm Shores # FL STREET 32940-7209  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF AND PALM SHORES TOWN COUNCIL

SUBJECT / Agenda # J & K

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

[Signature]  
Signature

1 Feb 2018  
Date

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

Agenda# IV-J

NAME ED WASHBURN

ADDRESS 3609 Brunot Circle

Melb. # FL STREET  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Town of Palm Shores

SUBJECT / Agenda # IV-J LTM Request

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

2/1/18  
Date

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

Agenda# IV-J

NAME Sharon Secord

ADDRESS 163 Palm Circle

Melbourne # FL STREET  
CITY STATE ZIP CODE 32940

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

SUBJECT / Agenda # IV-J LTM Request.

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

Sharon Secord  
Signature

2/1/18  
Date

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

IV, I  
Applicant

NAME Richard L. Powell

ADDRESS 4745 Ivan St

Cocoa # FL STREET 32927  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT Powell - Geary Services LLC

SUBJECT change in BDP

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

[Signature]  
Signature

1/26/18  
Date

AGENDA #  
IV, I

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

Agenda # IV, H

NAME Carmine Ferraro

ADDRESS 3860 Curtis Blvd #636

Cocoa # FL STREET 32927  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Applicant.

SUBJECT / Agenda # IV-H.

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

[Signature]  
Signature

2/1/18  
Date

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

Agenda# IV D

NAME MARY HILLBERG

ADDRESS 3780 SIERLA DR

MENNUT IS, FLA # 32953  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF NORTH MENNUT ISLAND SPECIAL

SUBJECT / Agenda # IV D DEPENDENT BOARD

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

[Signature]  
Signature

2/1/18  
Date

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

Agenda# IV. F. applicant

NAME TINA CONOVER, SCOTT CONOVER

ADDRESS 6751 BARCELONA AVE

COCOA # FL 32926  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda # Re zoning of Property to ALC AV.

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

[Signature]  
Signature

2/1/18  
Date

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

Agenda# IV D  
*Applicant*

NAME RAONEL BARRIAL

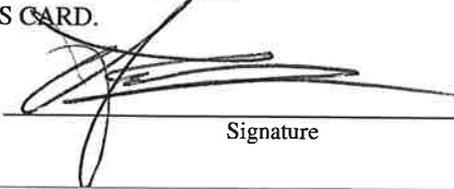
ADDRESS 1550 Anchor Lane

Merritt Island # FL STREET 32952  
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.

  
Signature

02-01-18  
Date

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

Agenda# IV. C.  
*Applicant*

NAME Rob Danawan

ADDRESS 1985 N Tropical Trail

Merritt Island # FL STREET 32953  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /  
SELF Danawan Homes

SUBJECT / Agenda # C

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

  
Signature

2/1/18  
Date

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

IV.C.  
Agenda# \_\_\_\_\_

NAME Misty LONG

ADDRESS 10300 N. TROPICAL TRL

MERRITT ISL FL 32953  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /

SELF

SUBJECT / Agenda # Rezoning of 1050  
N. Tropical Trl 32953

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

Misty Long  
Signature

\_\_\_\_\_  
Date

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

IV.C.  
Agenda# \_\_\_\_\_

NAME Craig Wenrich Wm Rich

ADDRESS 1020 N. Tropical Trail

Merritt Island FL 32953  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /

SELF

SUBJECT / Agenda # IV C  
Rezoning 1050 N. Tropical Trl

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

Craig Wenrich  
Signature

2-1-18  
Date

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

IV.C.  
Agenda# 4C

NAME WILLIAM A. COE

ADDRESS 1040 N. TROPKAL TRL  
#  
MERRITT ISLAND FL 32953  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /

SELF

SUBJECT / Agenda # 4C

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

William A. Coe  
Signature

2/1/2018  
Date

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

IV.C.  
Agenda#

NAME Kim Rezanka

ADDRESS 96 Willard St  
#  
Cocoa FL 32922  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /

SELF Donovan Homes

SUBJECT / Agenda # IV.C.

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

\_\_\_\_\_  
Date

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

Agenda# IV.M

NAME Bruce Moia *applicant*

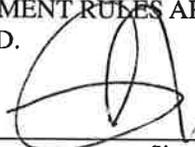
ADDRESS 1250 W. EAGLE CREEK BLVD.

Mary Fl # 32935  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF IMPACT SOUTH

SUBJECT / Agenda # PUBLIC HEARING M.

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

  
Signature

2/1/13  
Date

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

Agenda# IV.A

NAME Bruce Moia *applicant*

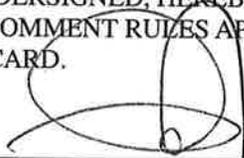
ADDRESS 1250 W. EAGLE CREEK BLVD.

Mary Fl # 32935  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF IMPACT SOUTH

SUBJECT / Agenda # PUBLIC HEARINGS A

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

  
Signature

2/1/13  
Date