

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

NAME Feresa Davis (Applicant)

ADDRESS 841 Belhurst Ln

CITY Rockledge STATE FL STREET # 52955

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] Date 3/4/21

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

NAME Sandra Sullivan

ADDRESS 165 Dorset Lane

CITY 805 STATE FL STREET # 32937

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

SUBJECT / Agenda # Public Comments

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

[Signature] Date 4 March

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

Agenda# H4/H5

NAME Plak, Patrice

ADDRESS P O Box 55

CITY Mims STATE FL STREET 32754 ZIP CODE

ORGANIZATION YOU REPRESENT / SELF and Plak Family Revocable Trust

SUBJECT / Agenda # Zoning Classification

Signature [Signature]

Date 3/4/21

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 3/4/21

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

Agenda# H4/H5

NAME Lara Yang (Deanhead)

ADDRESS 7386 Murrell Road

CITY Viera STATE FL STREET 32940 ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Applicant Preferred Housing

SUBJECT / Agenda # H4 + H5

Questions only if needed

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

Agenda # 14-445

NAME

Jason Bartlett - Applicant

ADDRESS

2512 Westhope Dr

#

STREET

Malabar

CITY

STATE

ZIP CODE

FL

32950

ORGANIZATION YOU REPRESENT /  
SELF

Friend losing

SUBJECT / Agenda #

14-445

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]

3/4/21

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

Agenda # 11

NAME

Kim Rezendy Applicant

ADDRESS

1290 US Hwy 1

#

STREET

Parkedge

CITY

STATE

ZIP CODE

FL

32901

ORGANIZATION YOU REPRESENT /  
SELF

Health First

SUBJECT / Agenda #

H-1

IF QUESTIONS

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]

3/5/21

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

Agenda# H6

NAME KEN WORTH

ADDRESS 3815 DAV GARD BLVD

MOLBOURNE  
CITY

FL.  
STATE

STREET

ZIP CODE

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

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.

K. Worth

Signature

3/3/21  
Date