

## SPEAKER'S CARD (Please Print)

Agenda# IINAME MS WATERS (2)ADDRESS 3640 Le Conte  
Melb Fl 32940  
CITY STATE ZIP CODEORGANIZATION YOU REPRESENT /  
SELF SelfSUBJECT / Agenda # 2I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE  
PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.Ms Waters  
Signature

Date

## SPEAKER'S CARD (Please Print)

Agenda# IINAME Jim Glass (3)ADDRESS 2781 Englewood Dr  
Melbourne Fl 32940  
CITY STATE ZIP CODEORGANIZATION YOU REPRESENT /  
SELF ✓SUBJECT / Agenda # III THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE  
PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.James Glass  
Signature4/18  
Date

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

NAME Linden Campbell (4)  
ADDRESS 5005 Fishtail Palm Ave  
Cocoa FL 32927  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /

SELF SelfSUBJECT / Agenda # Lagoon recovery

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

  
Signature4/18/19  
Date**SPEAKER'S CARD (Please Print)**Agenda# II

NAME Leesa Souto (5)  
ADDRESS Palm Bury # STREET  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /

SELF MRCSUBJECT / Agenda # 2

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PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

  
Signature4/18/19  
Date

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

Agenda#

II

NAME

DAVID BORRO(7)

ADDRESS

275 POMCIANA DR  
14B FL 32937  
CITY STATE ZIP CODEORGANIZATION YOU REPRESENT /  
SELFMARINE RESOURCES COUNCIL

SUBJECT / Agenda #

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Signature

Date

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

Agenda#

II

NAME

Lew Kontnik(6)

ADDRESS

3208 Bird Song Ct  
Melbourne FL 32934  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /

SELF

SUBJECT / Agenda #

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PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature

Date

## SPEAKER'S CARD (Please Print)

Agenda# II

NAME JOHN WINDSOR (9)  
ADDRESS 2324 S. FAIRWAY DRIVE  
MELBOURNE FL 32901  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /

SELF ☒SUBJECT / Agenda # IRL / UNLINES

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

[Signature]  
Signature

4/17/2019  
Date

## SPEAKER'S CARD (Please Print)

Agenda# II

NAME Larrilee Thompson (8)  
ADDRESS PO Box 307  
Mims FL 32754  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /

SELF ☐SUBJECT / Agenda # 2

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PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Larrilee Thompson  
Signature

4/18/19  
Date

## SPEAKER'S CARD (Please Print)

Agenda# \_\_\_\_\_

NAME Carmen BarkerADDRESS 365 Cassia Blvd

<u>Sat Bch</u>	<u>FL</u>	<u>32937</u>
CITY	STATE	ZIP CODE

ORGANIZATION YOU REPRESENT / SELF City of Satellite Bch

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

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Signature

4/18/19  
Date

## SPEAKER'S CARD (Please Print)

Agenda# IINAME Claudia ListopadADDRESS 1

<u>Indialantic</u>	<u>FL</u>	<u>32903</u>
CITY	STATE	ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Applied Ecology IncSUBJECT / Agenda # II

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

  
Signature

04/18/2019  
Date