



**City of Coral Gables** Order of receipt \_\_\_\_\_  
**Request to Address City Commission**

PLEASE PRINT

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Agenda/Item Number: G-12

Issue: Annexation

Name: LARRY SCHROCK

Mailing address: 3250 Riviera Dr

City: CG State/Zip: 33134

Phone: 240 654 2942 E-mail: L

Are you a registered lobbyist with the City of Coral Gables?

Yes  No

Representing: \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> I wish to speak                | <input type="checkbox"/> Proponent              |
| <input type="checkbox"/> I do not wish to speak         | <input type="checkbox"/> Opponent               |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_

*Pursuant to Article I, Section 24 of the Florida Constitution, this document, and information contained therein, is a public record.*



**City of Coral Gables** Order of receipt \_\_\_\_\_  
**Request to Address City Commission**

PLEASE PRINT

Date: 8/24 Time: 9:39

Agenda/Item Number: G-12

Issue: \_\_\_\_\_

Name: Cory Cuthbertson

Mailing address: 4511 SW 15th Terr

City: Miami State/Zip: 33134

Phone: 239-572-2694 E-mail: coryshrock@gmail.com

Are you a registered lobbyist with the City of Coral Gables?

Yes  No

Representing: \_\_\_\_\_

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak     | <input checked="" type="checkbox"/> Proponent   |
| <input type="checkbox"/> I do not wish to speak         | <input type="checkbox"/> Opponent               |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature Cuthbertson

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City of Coral Gables  
Request to Address City Commission

Order of receipt \_\_\_\_\_

Date: 8/24/22 PLEASE PRINT Time: \_\_\_\_\_

Agenda/Item Number: \_\_\_\_\_

Issue: Annexation

Name: LYNNE BLUSTEIN

Mailing address: 4330 S.W. 15 Street

City: Miami State/Zip: FL 33134

Phone: 305-448-9068 E-mail: lynnequin@ycgco.com

Are you a registered lobbyist with the City of Coral Gables?  
 Yes  No

Representing: \_\_\_\_\_

- I wish to speak  Proponent  
 I do not wish to speak  Opponent  
 I have been requested to speak  To provide information

Comments regarding this issue:

I oppose

Signature Lynne Blustein

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City of Coral Gables  
Request to Address City Commission

Order of receipt \_\_\_\_\_

Date: 8-24-22 PLEASE PRINT Time: 10:00

Agenda/Item Number: G-12

Issue: Little Gables Annexation

Name: Maria E. Sequeira

Mailing address: 4327 SW 10 Street

City: Miami State/Zip: FL 33134

Phone: 305-793-3779 E-mail: marukisequeira@hotmail.com

Are you a registered lobbyist with the City of Coral Gables?  
 Yes  No

Representing: myself

- I wish to speak  Proponent  
 I do not wish to speak  Opponent  
 I have been requested to speak  To provide information

Comments regarding this issue:

I am very much in favor of Little Gables Annexation to the City of Coral Gables.

Signature Maria E. Sequeira

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City of Coral Gables  
Request to Address City Commission

Order of receipt \_\_\_\_\_

PLEASE PRINT

Date: 8.24.22 Time: \_\_\_\_\_

Agenda/Item Number: 6-12

Issue: LITTLE GABLES ANNEXATION

Name: ROBERTO SEQUEIRA

Mailing address: 4327 S.W. 10 STREET

City: MIAMI State/Zip: FL

Phone: \_\_\_\_\_ E-mail: RSEQUEIRO@COMCAST.NET

Are you a registered lobbyist with the City of Coral Gables?

Yes  No

Representing: MY SELF

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak     | <input checked="" type="checkbox"/> Proponent   |
| <input type="checkbox"/> I do not wish to speak         | <input type="checkbox"/> Opponent               |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

I AM IN AGREEMENT OF THE ANNEXATION

Signature: [Signature]

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City of Coral Gables  
Request to Address City Commission

Order of receipt \_\_\_\_\_

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Date: 8/24/22 Time: \_\_\_\_\_

Agenda/Item Number: \_\_\_\_\_

Issue: ANNEXATION LITTLE GABLES

Name: GLADYS SANCHEZ

Mailing address: 4331 SW 15 ST

City: MIAMI State/Zip: 33134

Phone: 305 447 9973 E-mail: gsanchez@gmail.com

Are you a registered lobbyist with the City of Coral Gables?

Yes  No

Representing: Little Gables

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak     | <input type="checkbox"/> Proponent              |
| <input type="checkbox"/> I do not wish to speak         | <input type="checkbox"/> Opponent               |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

Do NOT want to be annexed to Coral Gables

Signature: [Signature]

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**City of Coral Gables**  
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Order of receipt \_\_\_\_\_

Date: 8/24/22 PLEASE PRINT Time: 9:45am

Agenda/Item Number: annexation 6-12

Issue: annexation

Name: Marianne Aleman Madrigal

Mailing address: 1625 SW 40 Ave

City: Miami State/Zip: FL

Phone: 3057766786 E-mail: dranmaria@yahoo.com

Are you a registered lobbyist with the City of Coral Gables?

Yes  No

Representing: \_\_\_\_\_

- I wish to speak  Proponent  
 I do not wish to speak  Opponent  
 I have been requested to speak  To provide information

Comments regarding this issue:

in support for annexation  
for safety

Signature: [Signature]

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**City of Coral Gables**  
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Order of receipt \_\_\_\_\_

Date: 8/24/22 PLEASE PRINT Time: 9:30

Agenda/Item Number: 6-12

Issue: Annexation

Name: Gustavo Madrigal

Mailing address: 1625 SW 40th Ave

City: Miami State/Zip: FL

Phone: 786-562-5529 E-mail: G.madrigal@gmail.com

Are you a registered lobbyist with the City of Coral Gables?

Yes  No

Representing: \_\_\_\_\_

- I wish to speak  Proponent  
 I do not wish to speak  Opponent  
 I have been requested to speak  To provide information

Comments regarding this issue:

support Annexation  
For safety

Signature: \_\_\_\_\_

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**City of Coral Gables**  
**Request to Address City Commission**

Order of receipt \_\_\_\_\_

PLEASE PRINT

Date: 2022-08-24 Time: 9:40

Agenda/Item Number: Annexation

Issue: Support for Little Gables

Name: Ricardo Lopez

Mailing address: 4291 SW 12 St

City: Miami State/Zip: FL/33134

Phone: 305-775-2859 E-mail: RLOPEZ.STUDIO@gmail.com

Are you a registered lobbyist with the City of Coral Gables?

Yes  No

Representing: self

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak     | <input checked="" type="checkbox"/> Proponent   |
| <input type="checkbox"/> I do not wish to speak         | <input type="checkbox"/> Opponent               |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

I am an active part of the coral gables community and support the annexation.

Signature [Signature]

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PLEASE PRINT

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Agenda/Item Number: G-12

Issue: Annexation

Name: Christina Villamil

Mailing address: 4637 SW 10

City: Miami State/Zip: 33134

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you a registered lobbyist with the City of Coral Gables?

Yes  No

Representing: Little Gables Association

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak     | <input checked="" type="checkbox"/> Proponent   |
| <input type="checkbox"/> I do not wish to speak         | <input type="checkbox"/> Opponent               |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_

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Date: 8/24/22 PLEASE PRINT Time: 9:40 AM

Agenda/Item Number: G-12

Issue: ANNEXATION

Name: KAREN SHANE

Mailing address: 4375 SW 13<sup>th</sup> St.

City: Miami State/Zip: FL 33134

Phone: 305 812 4411 E-mail: Karenska@aol.com

Are you a registered lobbyist with the City of Coral Gables?  
 Yes  No

Representing: \_\_\_\_\_

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak     | <input type="checkbox"/> Proponent              |
| <input type="checkbox"/> I do not wish to speak         | <input type="checkbox"/> Opponent               |
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Comments regarding this issue:

\_\_\_\_\_  
 \_\_\_\_\_  
 Signature K. Shane

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**City of Coral Gables**  
**Request to Address City Commission**

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Date: 8/24/22 PLEASE PRINT Time: 9:39 am

Agenda/Item Number: 22- G-12

Issue: ANNEXATION

Name: LUCIANA L. GONZALEZ

Mailing address: 4605 SW 12 ST

City: Miami State/Zip: FL 33134

Phone: 305-609-2879 E-mail: LucianaG@att.net

Are you a registered lobbyist with the City of Coral Gables?  
 Yes  No

Representing: \_\_\_\_\_

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak     | <input checked="" type="checkbox"/> Proponent   |
| <input type="checkbox"/> I do not wish to speak         | <input type="checkbox"/> Opponent               |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

I support annexation  
 \_\_\_\_\_  
 Signature Luciana Gonzalez

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Date: 8/24/2022 PLEASE PRINT Time: \_\_\_\_\_

Agenda/Item Number: Annexation G-12

Issue: Annexation

Name: William McAulister

Mailing address: 8000 NW 21 ST

City: MIAMI State/Zip: FL 33122

Phone: 305.593-6600 E-mail: president@local1403.org

Are you a registered lobbyist with the City of Coral Gables?

Yes  No

Representing: Metro Dade Firefighters Local 1403

- I wish to speak  
 I do not wish to speak  
 I have been requested to speak  
 Proponent  
 Opponent  
 To provide information

Comments regarding this issue:

\_\_\_\_\_  
 \_\_\_\_\_  
 Signature: William McAulister

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Date: 8/24/22 PLEASE PRINT Time: \_\_\_\_\_

Agenda/Item Number: G-12

Issue: Annexation

Name: MARIA C. DEWZ

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you a registered lobbyist with the City of Coral Gables?

Yes  No

Representing: \_\_\_\_\_

- I wish to speak  
 I do not wish to speak  
 I have been requested to speak  
 Proponent  
 Opponent  
 To provide information

Comments regarding this issue:

\_\_\_\_\_  
 \_\_\_\_\_  
 Signature: Maria C. Dewz

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City of Coral Gables  
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Order of receipt: \_\_\_\_\_

PLEASE PRINT

Date: 8/24 Time: 9:00 pm

Agenda/Item Number: AAE 8/24/17

Issue: \_\_\_\_\_

Name: Brian Mullins

Mailing address: 4105 SW 14th St

City: Miami State/Zip: 33134

Phone: 3057727100 E-mail: B-Mullins@mc.csf

Are you a registered lobbyist with the City of Coral Gables?

Yes  No

Representing: \_\_\_\_\_

- I wish to speak  Proponent
- I do not wish to speak  Opponent
- I have been requested to speak  To provide information

Comments regarding this issue:

Signature: [Signature]