



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: _____ Time: _____

Agenda/Item Number: _____

Issue: _____

Name: AURELIO DUANA

Mailing address: 322 A LOSI AVOUO

City: CORAL GABLES State/Zip: _____

Phone: _____ E-mail: _____

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
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 7/25 Time: _____

Agenda/Item Number: _____

Issue: _____

Name: Teresita Carmona

Mailing address: 117 San Sebastian Ave

City: Coral Gables State/Zip: FL 33135

Phone: 305/992-7964 E-mail: tecar3@yahoo.co

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 checked="" 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 oppose the Ponce Residence Project

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
Request to Address City Commission

Order of receipt _____

Date: 7/27/12 PLEASE PRINT Time: 5:00PM

Agenda/Item Number: _____

Issue: _____

Name: MELIANO GARRHOWA

Mailing address: 117 San Sebastian Ave.

City: Coral Gables State/Zip: 33134 FL

Phone: 305-861-8965 E-mail: MGcarrhowa@Aol.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 the Ponce Park

Resurgence Project
Signature [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
Request to Address City Commission

Order of receipt _____

Date: 7/25 PLEASE PRINT Time: 5:05P

Agenda/Item Number: _____

Issue: _____

Name: STAVE OPOCENSKY

Mailing address: 315 CADIMA AVE

City: CORAL GABLES State/Zip: FL 33184

Phone: 916 213 7578 E-mail: opocens@ymail

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]

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



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 7/25/2022 PLEASE PRINT Time: 5:30

Agenda/Item Number: _____

Issue: Ponce Park Residences

Name: Ana Chaon

Mailing address: 1101 Sorolla Avenue

City: CG State/Zip: FL

Phone: 7322-0178 E-mail: ana@chaon.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:

Signature: Ana Chaon

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this document, and information contained therein, is a public record.



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 08/25/2022 PLEASE PRINT Time: _____

Agenda/Item Number: _____

Issue: Allen Morris

Name: Fernando Valdes

Mailing address: 1828 Ponce de Leon Blvd #498

City: Coral Gables State/Zip: FL

Phone: _____ E-mail: _____

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 am not in favor of the variance request that Allen Morris wants to impose on the citizens of Coral Gables

Signature: Fernando Valdes

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 7/25/22 PLEASE PRINT Time: 5:00

Agenda/Item Number: _____

Issue: Ponce de Leon

Name: Grace Prieto

Mailing address: 3634 Ponce de Leon, 33134

City: C. Gables State/Zip: Fl. 33134

Phone: 954-488-0938 E-mail: jesslyn2022@gmail.com

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 checked="" 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 Grace Prieto

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 7/25/22 PLEASE PRINT Time: 5:00 PM

Agenda/Item Number: _____

Issue: Development

Name: Juan C. Prieto

Mailing address: 3634 Ponce de Leon

City: Coral Gables State/Zip: Fl. 33134

Phone: 305-206-2787 E-mail: 37 prietojuan50@gmail.com

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 checked="" 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 Juan C. Prieto

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: _____ Time: _____

Agenda/Item Number: _____

Issue: _____

Name: David Winkler

Mailing address: 4720 S. LeJeune Rd

City: Coral Gables State/Zip: FL 33146

Phone: 305 801 8700 E-mail: dwwinkler@duke.com

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

Yes No

Representing: Ponce Neighbors

- | | |
|---|---|
| <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 

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: _____ Time: _____

Agenda/Item Number: _____

Issue: _____

Name: Eduardo Gonzalez

Mailing address: 243 Ponce Ave

City: CG State/Zip: 33134

Phone: 773 460-2338 E-mail: _____

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 |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

AGAINST Ponce Road
Residences

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
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: July 25, 2021 Time: 5 PM

Agenda/Item Number: _____

Issue: PONCE PARK RESIDENCES

Name: C. VIDAL

Mailing address: 301 ALESSIO AVENUE

City: CORAL GABLES State/Zip: FL 33134

Phone: _____ E-mail: _____

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]

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 7/25/2021 Time: 5:40 PM

Agenda/Item Number: F-12/F-13

Issue: PONCE PARK RESIDENCES

Name: EMRIQUE LOPEZ

Mailing address: 1310 SOROLLA AVE

City: CORAL GABLES State/Zip: FL 33134

Phone: 305.984.2127 E-mail: CABLESBUSINESS @ ATT. NET

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

Yes No

Representing: SELF

- 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:

OPPOSE THE PONCE PARK RESIDENCES.

Signature [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
Request to Address City Commission

Order of receipt _____

Date: July 25 PLEASE PRINT Time: _____

Agenda/Item Number: _____

Issue: Ponce Park Towers

Name: SUE KAWALOESKI

Mailing address: 6830 GRATIAN ST

City: CG State/Zip: 33146

Phone: _____ E-mail: _____

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

Yes No

Representing: CGNA

- 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]

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 7/13/22 PLEASE PRINT Time: _____

Agenda/Item Number: _____

Issue: Ponce Park Residences

Name: MARIA C. OWZ

Mailing address: 1447 Miller Rd

City: Coral Gables State/Zip: FL 33146

Phone: 305-323-2154 E-mail: _____

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]

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 7/25/22 PLEASE PRINT Time: 5:00 PM

Agenda/Item Number: _____

Issue: Pouce Residences

Name: MARIA JULIA YANEZ

Mailing address: 255 SAN SEBASTIAN AVE.

City: CORAL GABLES State/Zip: FLA 33134

Phone: 305-928-9252 E-mail: maria.yanez@comcast.net

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 appose the project as it stands
 lets keep it up to code like
 all the residents are asked to
 do

Signature: Maria Julia Yanez

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this document, and information contained therein, is a public record.



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 7-25-22 PLEASE PRINT Time: 5:00

Agenda/Item Number: _____

Issue: _____

Name: Jaime Salamanca

Mailing address: 3225 Monegro St.

City: Coral Gables State/Zip: FL

Phone: 786 239 8676 E-mail: salamanca10@me.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 like the project and
 don't agree with people trying
 to block it

Signature: Jaime Salamanca

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 7/25/22 PLEASE PRINT Time: 4:55

Agenda/Item Number: Ponce Park Tower

Issue: PARK RESIDENCES

Name: DAVID HAYS

Mailing address: 300 FLORIDA AVE

City: CORAL GABLES State/Zip: FL 33134


Phone: 305 302 7900 E-mail: billhays1@a

Are you a registered lobbyist with the City of Coral Gables? YAHOO.COM
 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:

 Signature 

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City of Coral Gables
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Order of receipt _____

Date: 7/25/22 PLEASE PRINT Time: 5:00

Agenda/Item Number: Ponce Park Tower

Issue: _____

Name: J. Robert Kirk

Mailing address: 117 Santandee Ave

City: Coral Gables State/Zip: FL 33134


Phone: 305-793-6498 E-mail: Robert.Kirk

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

Representing: Self Home owner

- 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 

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 7-25-2022 PLEASE PRINT Time: 5 PM

Agenda/Item Number: PONCE TOWERS

Issue: PONCE TOWERS

Name: SARA CONDE

Mailing address: 228 ALESSIO AVE

City: CORAL GABLES State/Zip: FL 33134

Phone: 786 564 6992 E-mail: SARALANCONDE@GMAIL.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:

Signature: Sara Conde

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 7/25/22 PLEASE PRINT Time: 5:00P

Agenda/Item Number: _____

Issue: PONCE TOWERS

Name: ALAN GUMMERSON

Mailing address: 228 ALESSIO AVE

City: CG State/Zip: FL 33134

Phone: 305-567-1943 E-mail: ALAN.GUMMERSON@GMAIL.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:

Signature: Alan P. Gummer

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 7/25 Time: 5:00 pm

Agenda/Item Number: Ponce Park residences

Issue: _____

Name: Patrick Donnell

Mailing address: 201 Alhambra Cir Ste 1060

City: Coral Gables State/Zip: 33134

Phone: _____ E-mail: pdonnell@aig.com

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 checked="" 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 the building as proposed.

Signature: Patrick Donnell

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: July 25, 2022 Time: 5 pm

Agenda/Item Number: Ponce Park

Issue: Residences

Name: Mark Trawbridge

Mailing address: 201 Alhambra Cir

City: Coral G State/Zip: FL

Phone: 305-446-1657 E-mail: _____

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: Mark Trawbridge

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: July 25 Time: _____

Agenda/Item Number: Ponce Park

Issue: LAND USE ZONING

Name: ALBERTO R. CARDENAS

Mailing address: 2807 Columbia Blvd.

City: C. Gables State/Zip: 33134 FL

Phone: 781-281-6500 E-mail: _____

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:

Signature _____

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 7/25/27 Time: _____

Agenda/Item Number: _____

Issue: Ponce Park Residences

Name: Oscar Sosa

Mailing address: 116 San Sebastian Ave

City: Coral Gables State/Zip: 33134

Phone: (305) 562-4471 E-mail: Sosa5@BellSouth.com

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

Yes No

Representing: Residents

- | | |
|---|---|
| <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:

Signature _____

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: _____ Time: _____

Agenda/Item Number: Park Ponce Tower

Issue: _____

Name: DAVID FOURNIER

Mailing address: _____

City: Coral Gables State/Zip: 33134

Phone: 305 491 2177 E-mail: _____

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]

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: _____ Time: _____

Agenda/Item Number: Ponce Redesign

Issue: Ponce Redesign

Name: John Fisher

Mailing address: 306 FLORIDA AVE

City: C. GABLES State/Zip: FL 33134

Phone: 786 525 1050 E-mail: _____

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]

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 7/25/22 PLEASE PRINT Time: 5pm

Agenda/Item Number: _____

Issue: Ponce Park Residences

Name: Barbara Perez

Mailing address: 210 Romano Ave

City: Coral Gables State/Zip: FL 33134

Phone: 305-301-9449 E-mail: barbaraperezpalaw@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:

P# 2 Board voted No

Please vote No too!

Signature Bar

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 7/25/22 PLEASE PRINT Time: 5:00 PM

Agenda/Item Number: _____

Issue: CONSTRUCTION / BLDG PONCE DE

Name: LAUREANO CANCIO LEON

Mailing address: 1250 BIRD ROAD

City: CORAL GABLES State/Zip: FL 33146

Phone: 305-5670515 E-mail: laureanocancio@comcast.net

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

Yes No

Representing: SELF

- 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]

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City of Coral Gables Order of receipt _____
Request to Address City Commission

Date: 7/25 PLEASE PRINT Time: 5:00 PM

Agenda/Item Number: _____

Issue: PONCE PARK RESIDENCE

Name: Olga Corcio

Mailing address: 1250 Bird Rd

City: Coral Gables State/Zip: FL 33146

Phone: 305 4501809 E-mail: _____

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 |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

Signature _____

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City of Coral Gables Order of receipt _____
Request to Address City Commission

Date: 7/25/22 PLEASE PRINT Time: 5:00 PM

Agenda/Item Number: Ponce Park Residence

Issue: Height, fee extra sellable space

Name: Enrique Bernal

Mailing address: 718 Valencia Ave #401

City: Coral Gables State/Zip: FL 33134

Phone: 508 341 9043 E-mail: ebarnalge@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 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 E. Bernal

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City of Coral Gables Order of receipt _____
Request to Address City Commission

PLEASE PRINT

Date: 7-25-22 Time: _____

Agenda/Item Number: _____

Issue: Ponce Park Residences

Name: Jennifer Davis

Mailing address: 133 San Sebastian Ave

City: Coral Gables State/Zip: 33134

Phone: 305-725-2507 E-mail: _____

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 checked="" type="checkbox"/> Opponent |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

Signature: Jennifer Davis

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City of Coral Gables Order of receipt _____
Request to Address City Commission

PLEASE PRINT

Date: 7/25/22 Time: 5:00 pm

Agenda/Item Number: Ponce Park Residences

Issue: Height, zoning waivers

Name: Enriqueta Bernal

Mailing address: 718 Valued Ave #401

City: Coral Gables State/Zip: FL 33134

Phone: 508 864 2932 E-mail: eberudj6@gmail.com

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

Yes No

Representing: self

- | | |
|---|---|
| <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: Enriqueta Bernal

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 7/25 PLEASE PRINT Time: 4:30

Agenda/Item Number: F-12 F13 F16 F17 F18

Issue: Ponce Park

Name: Jack Lowell

Mailing address: 185 WEST SAMMICK

City: Coral Gables State/Zip: 33133

Phone: 305 542 8979 E-mail: jack.Lowell@collins.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 |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

Signature _____

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 7/25/22 PLEASE PRINT Time: 4:45

Agenda/Item Number: _____

Issue: Ponce Park

Name: GORDON SOKOLOFF

Mailing address: 225 Alvaro Ave -

City: CORAL GABLES State/Zip: FL - 33134

Phone: 305 788 0828 E-mail: GORDON5360@aol.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 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
Request to Address City Commission

Order of receipt _____

Date: 7/25/2012 PLEASE PRINT Time: 5:00 PM

Agenda/Item Number: None Park hours

Issue: _____

Name: Javier Barros

Mailing address: Coral Gables

City: Coral Gables State/Zip: FL

Phone: 305 519 5581 E-mail: jbarros@coralga.com

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: _____

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



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 7/25/12 PLEASE PRINT Time: _____

Agenda/Item Number: _____

Issue: _____

Name: Louria Semalho

Mailing address: 243 Emerald Ave

City: CG State/Zip: 33134

Phone: 734 60-0338 E-mail: lsemalho@palmco.com

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

Yes No

Representing: Myself

- 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: _____

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



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 7/25/22 Time: _____

PLEASE PRINT

Agenda/Item Number: _____

Issue: Allen Morris Project

Name: MARIA C. LAWZ

Mailing address: 1447 Miller Rd

City: C. Gables State/Zip: FL 33146

Phone: 305-323-2154 E-mail: thebeacheny@apl.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:

Signature: Maria C. Lawz

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