



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 4/16/2024 Time: 6:00 pm

Agenda/Item Number: Allen Morris Building

Issue: _____

Name: Ron Shuffield

Mailing address: 201 Alhambra Circle #1060

City: Coral Gables State/Zip: 33134

Phone: 305-775-3390 E-mail: shuffield@ewm.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 Ron Shuffield



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 4-7-16 Time: _____

Agenda/Item Number: E 5.7

Issue: _____

Name: AR Hernandez

Mailing address: 35 CID #1A

City: CORAL GABLES State/Zip: _____

Phone: 338 5000 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:
ANTI

Signature _____



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 04/16 Time: _____

Agenda/Item Number: E-5 thru E10

Issue: Ponce Residences

Name: MARIA CRISTINA LONGO

Mailing address: 16 Phoenicia Ave

City: Coral Gables State/Zip: 33134

Phone: 305-798-0156 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 Maria Longo



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 4/16/24 Time: 6:49

Agenda/Item Number: ES 310

Issue: _____

Name: Ryan Holtzman

Mailing address: 444 Boropella Ave

City: Coral Gables State/Zip: FL 33146

Phone: 305-861-3777 E-mail: ryanholtzman41@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 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: [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: April 16 Time: _____

Agenda/Item Number: EF-8

Issue: _____

Name: Long Tank Residence

Mailing address: DAVID FOUR VIER

City: _____ State/Zip: _____

Phone: _____ 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: _____

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: 4/16/2024 PLEASE PRINT Time: 6:31 pm

Agenda/Item Number: Park Ponce Residence

Issue: _____

Name: Carlos & hisette Nunez

Mailing address: 3501 Durango Street

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

Phone: 305-216-3510 E-mail: carlos@nunezconstruction.co

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

Representing: _____

- | | |
|---|---|
| <input 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 Carlos Nunez



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 4/16 PLEASE PRINT Time: _____

Agenda/Item Number: E 5 E 10

Issue: L

Name: Rosi Borroto

Mailing address: 110 SAN Sebastian

City: C G State/Zip: 33134

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 _____



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 4/16/2024 **PLEASE PRINT** Time: 6pm

Agenda/Item Number: E5-E6

Issue: Ponce Park Residences

Name: Teresita Carmona

Mailing address: 117 San Sebastian Ave

City: Coral Gables State/Zip: FL 33134

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

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

Representing: N/A

- | | |
|---|---|
| <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:
I approve this project

Signature: Teresita Carmona



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 4/16/24 **PLEASE PRINT** Time: _____

Agenda/Item Number: E5-E10

Issue: _____

Name: Emigee Benwell

Mailing address: 718 Valmiera Ave

City: Coral Gables State/Zip: FL 33134

Phone: 508 341 9043 E-mail: ebenwell96@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 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. Benwell



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 4-16-24 PLEASE PRINT Time: 6 pm

Agenda/Item Number: E54 E-6

Issue: Ponce Park Residences

Name: Jennifer Davis

Mailing address: 133 San Sebastian Ave

City: Coral Gables State/Zip: FL 33134

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

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

Yes No

Representing: N/A 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:

I approve this development.
I am in favor.

Signature Jennifer Davis



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 4/16/24 PLEASE PRINT Time: 6:00 pm

Agenda/Item Number: E5-E6

Issue: Ponce Park Residences

Name: Francis Fournier

Mailing address: 121 San Sebastian Ave

City: Coral Gables State/Zip: 33134

Phone: 305-790-9592 E-mail: francis.fournier@hotmail.com

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

Yes No

Representing: N/A

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

I am in favor of this project.

Signature Francis Fournier



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 4/16/24 Time: _____

Agenda/Item Number: Ponce Park Res.

Issue: _____

Name: HELEN MONTEIRO

Mailing address: 220 SARGO AVE

City: CORAL GABLES State/Zip: FL 33134

Phone: 305-803-7056 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 



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 4-16-24 **PLEASE PRINT** Time: _____

Agenda/Item Number: PONCE PARK RES.

Issue: _____

Name: SARALANE CONDE

Mailing address: 228 ALEJO

City: CORAL GABLES State/Zip: FL 33134

Phone: 786 564 6992 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: Saralane Conde



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 4/16/24 **PLEASE PRINT** Time: 6:30 PM

Agenda/Item Number: E-S thru E-10

Issue: PONCE PARK RESIDENCES

Name: ED SANTAMARIA

Mailing address: 47 SAN SEBASTIAN AVE

City: CORAL GABLES State/Zip: 33134

Phone: _____ E-mail: edsantamaria@outlook.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:

STRONG CITY SUPPORT. NEIGHBORHOOD
GUARANTEES - ENTIREMENT PROCESS
WORKING PUBLIC REALITY CONTRIBUTIONS
SIGNIFICANT NO REASON
TO DENY