



# City of Coral Gables Request to Address City Commission

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

**PLEASE PRINT**

Date: 25 July 22

Time: 8:25 am

Agenda/Item Number: I-3

Issue: STREET NAMING

Name: Frank Visconti

Mailing address: 5800 SW 117 St

City: Coral Gables State/Zip: FL 33156

Phone: 305-253-6101 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 

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

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

Agenda/Item Number: I-3

Issue: I3 - STREET RENAMING

Name: DAVID GLAUSSERMAN

Mailing address: 5885 SW 118TH S

City: CG State/Zip: FL 33156

Phone: 786 8799553 E-mail: djglau@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:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Signature \_\_\_\_\_

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

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

Issue: PBE - I3 Street

Name: Betsy Goshon

Mailing address: 5885 SW 118th

City: Coral Gables State/Zip: FL

Phone: 305156 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 \_\_\_\_\_

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Date: 7/25/22 Time: 8:35

Agenda/Item Number: Pine Bay Estates

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

Name: Lois Russell

Mailing address: 5751 S.W. 116 St

City: Coral Gables State/Zip: FL

Phone: 305-793-4641 E-mail: lois.russell@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:

We never had a vote in this issue - only the board made this decision

Signature: Lois Russell

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**City of Coral Gables**  
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Date: 7.25.22 Time: \_\_\_\_\_

Agenda/Item Number: PINE BAY ESTATES

Issue: STREET RENAMING

Name: BRIAN POWELL

Mailing address: 5400 SW 117<sup>th</sup>

City: CORAL GABLES State/Zip: FL 33156

Phone: 786.973.0026 E-mail: bpparb@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: [Signature]

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**Request to Address City Commission**

**PLEASE PRINT**  
 Date: 7/25/22 Time: \_\_\_\_\_

Agenda/Item Number: I3

Issue: Pine Bay Street Renaming

Name: Jose Farraluvu

Mailing address: 5740 SW 119 St.

City: Coral Gables State/Zip: FL 33156

Phone: 31743-3767 E-mail: jose.farraluvu@gmail.com

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

Yes  No

Representing: myself

- |   |   |
|---|---|
| <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 support the petition

Signature: [Signature]

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**PLEASE PRINT**  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_

Agenda/Item Number: I3

Issue: Pine Bay Estates

Name: MARVIN HOLLUB

Mailing address: 5980 SW 119 St

City: CORAL GABLES State/Zip: FLA

Phone: 305-494-2347 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:

Dont want street sign changed

Signature: [Signature]

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PLEASE PRINT

Date: July 25, 2022 Time: \_\_\_\_\_

Agenda/Item Number: 1-3

Issue: Naming of PBE

Name: Christine Nielson-Reynolds

Mailing address: 5760 S.W. 116 St.

City: Coral Gables State/Zip: FL 33156

Phone: (305) 799-3998 E-mail: Christine@botics.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 [Signature]

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Date: 7/25/2022 Time: 9:00 AM

Agenda/Item Number: Petition I-3

Issue: Name changes for Pine Bay streets

Name: Paul Palmberg, MD, PhD

Mailing address: 5785 SW 119th Street

City: Coral Gables State/Zip: FL 33156-5752

cell 305 781-2561 E-mail: ppalmberg@med.miami.edu  
and mitodoc@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:

Request vote by homeowners on the  
proposed change as the petition supporting  
messaging by proponents did not realistically  
represent benefits and harms

Signature Paul Palmberg, MD, PhD

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Date: 7-25-22 PLEASE PRINT Time: 9 am

Agenda/Item Number: 1-3 22-4402

Issue: PBE remaining

Name: Adrian Potati

Mailing address: 5260 SW 17th St.

City: Coral Gables State/Zip: FL

Phone: 780-303-9091 E-mail: adrian381@gmail.com

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

Yes  No

Representing: PBE Homeowners

- 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:

Petition not handled appropriately

Signature [Signature]

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Date: 7/25/22 PLEASE PRINT Time: 8:51 am

Agenda/Item Number: 13

Issue: Street naming

Name: Ana Escobedo

Mailing address: 5745 SW 119 St

City: Coral Gables State/Zip: FL 33156

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 [Signature]

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City of Coral Gables  
Request to Address City Commission

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Date: 1-25-2022 PLEASE PRINT Time: 8:55 AM  
 Agenda/Item Number: ME I3-224402  
 Issue: Street Name Change  
 Name: Audrey Rotati  
 Mailing address: 5760 SW 117<sup>th</sup> ST.  
 City: Coral Gables State/Zip: 33156  
 Phone: 786-992-2424 E-mail: audreerotati@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:

We need a full vote  
& 2/3 majority w.  
Galot vote.  
 Signature: Audrey Rotati

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Date: 1/25/2022 PLEASE PRINT Time: 8:25  
 Agenda/Item Number: I-3  
 Issue: PINE BAY ESTATES STREET RENAMING  
 Name: JAVIER CODESO  
 Mailing address: 5820 SW 117 ST  
 City: CORAL GABLES State/Zip: FL 33156  
 Phone: 305 582-6794 E-mail: JCODESO@baldwinllc.net

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

Yes  No

Representing: 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: Javier Codeso

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