



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

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

Date: 10/10/23 PLEASE PRINT Time: 9:25

Agenda/Item Number: F-2 236475

Issue: Annexation

Name: Joye Espinosa

Mailing address: 7225 SW 55 Ave

City: Miami State/Zip: 33143

Phone: 305 723 3450 E-mail: joye.Espinosa@

gay-Robinson.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 \_\_\_\_\_

*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: 10/10/23 PLEASE PRINT Time: 9:17am

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

Issue: Annexation

Name: Billy Corben

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

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 Billy Corben

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City of Coral Gables  
Request to Address City Commission

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

Date: 10/14/23 PLEASE PRINT Time: 10.30

Agenda/Item Number: F

Issue: Annexation

Name: JODI BUDIN

Mailing address: 7801 SW 52 CT

City: Miami State/Zip: 33143

Phone: 865 661 9266 E-mail: jbudin2000@yahoo.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: [Handwritten Signature]



City of Coral Gables  
Request to Address City Commission

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

Date: 10/10/2023 PLEASE PRINT Time: \_\_\_\_\_

Agenda/Item Number: F-2

Issue: F-2 Little Gables Annexation

Name: Kayla Riera-Gomez

Mailing address: 4321 SW 16 Street

City: Miami State/Zip: 33134

Phone: 786 210 2458 E-mail: Kayla@

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

Representing: self

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

Comments regarding this issue:  
\_\_\_\_\_  
\_\_\_\_\_

Signature: [Handwritten Signature]



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

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

Date: 10/10/23 PLEASE PRINT Time: 10:38

Agenda/Item Number: F 2

Issue: ANNEXATION (Little Gables)

Name: KAREN SHANE

Mailing address: 4375 SW 13 ST.

City: MIAMI State/Zip: FL

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

Comments regarding this issue:  
Prof Annexation for Little Gables

Signature: Karen Shane



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

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

Date: 12/10 PLEASE PRINT Time: 9:00

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

Issue: Annexation

Name: LINDA DANN

Mailing address: 4550 SW 74th St

City: MIAMI State/Zip: FL 33143

Phone: 3/065-3880 E-mail: linda.dann

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: \_\_\_\_\_



City of Coral Gables  
Request to Address City Commission

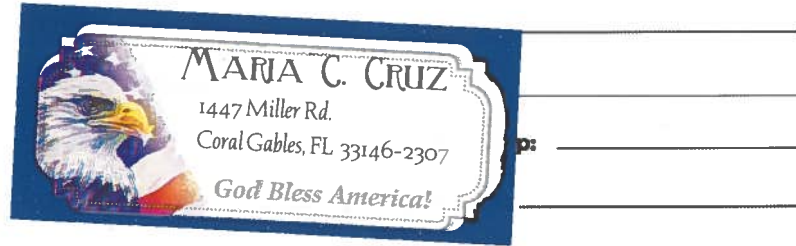
Order of receipt \_\_\_\_\_

PLEASE PRINT

Date: 10/10/23 Time: \_\_\_\_\_

Agenda/Item Number: F-2

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



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. Cruz*

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