



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 8/13/19 PLEASE PRINT Time: _____

Agenda/Item Number: _____

Issue: Annexation

Name: Luciana Gonzalez

Mailing address: 4605 SW 12 ST

City: _____ State/Zip: FL

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

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:

Do not leave Little Gables
behind.

Signature: Luciana Gonzalez

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: 14-Aug-2019 PLEASE PRINT Time: _____

Agenda/Item Number: High Pines Annex

Issue: _____

Name: David Denham

Mailing address: 7251 SW 52 ST

City: Miami State/Zip: 33143-5912

Phone: 305-284-9661 E-mail: denhamd@consultant.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: David Denham

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

19

PLEASE PRINT

Date: _____ Time: _____

Agenda/Item Number: _____

Issue: _____

Name: Victoria Cummock

Mailing address: 7310 SW 47 CT

City: Miami State/Zip: 33143

Phone: 305-725-7021 E-mail: V.Cummock@me.com

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

☐ Yes ☒ No

Representing: 47 Court Citizen Crime Watch

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

In favor Annexation

Signature: V. Cummock

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

20

PLEASE PRINT

Date: 8/13/2019 Time: _____

Agenda/Item Number: _____

Issue: Ponce Davis High Pines Annexation

Name: Ben Gerber

Mailing address: 7236 SW 54 CT

City: ~~Ponce Davis~~ Miami State/Zip: FL. 33143

Phone: 305-533-0046 E-mail: bbgerber@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: Ben Gerber

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City of Coral Gables Request to Address City Commission

Order of receipt 17

Date: 8/13/19 PLEASE PRINT Time: _____

Agenda/Item Number: _____

Issue: ANNEXATION OF LITTLE GABLES

Name: JOSE L. MARTINEZ

Mailing address: 4388 S.W. 10 ST

City: Miami State/Zip: FL 33134

Phone: 305-962-1041 E-mail: MLTMESSAGE@BELL SOUTH.NET

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:

I AM IN FAVOR OF ANNEXATION
OF LITTLE GABLES

Signature: _____

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City of Coral Gables Request to Address City Commission

Order of receipt 18

Date: 8.13.19 PLEASE PRINT Time: 6:00

Agenda/Item Number: _____

Issue: Annexation Ponce Davis

Name: Michael Berkowitz

Mailing address: 5320 SW 84th St

City: Miami State/Zip: FL 33143

Phone: 305 527-3882 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
Request to Address City Commission

Order of receipt 4 15

Date: 8/ PLEASE PRINT Time: 6PM

Agenda/Item Number: _____

Issue: Annexation

Name: ANTHONY DE YURVE

Mailing address: _____

City: _____ State/Zip: _____

Phone: _____ E-mail: _____

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

☒ Yes ☐ No

Representing: NOT on this item

☒ 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 100% yes
Annex!
Signature AM

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 7 16

Date: 8-13-19 PLEASE PRINT Time: 550 pm

Agenda/Item Number: P

Issue: Ponce Davis / High Pines Annexation

Name: Brian & Susan Keely

Mailing address: 7281 SW 47 Court

City: Miami State/Zip: FL 33143

Phone: 305-668-0265 E-mail: BRIANK@baptisthealth.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 [Signature]

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

N (13)

Date: 8-13-19 PLEASE PRINT Time: 6:00 PM

Agenda/Item Number: _____

Issue: ANNEXATION

Name: CAROL NAGENGAST

Mailing address: 5210 S.W. 72 ST MIAMI

City: MIAMI State/Zip: 33143

Phone: 305 663 9896 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:

VERGEMENTLY OPPOSE
ANNEXATION

Signature: Carol Nagengast

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

N (14)

Date: Aug 13, 2019 PLEASE PRINT Time: 6 PM

Agenda/Item Number: _____

Issue: Annexation

Name: Lynn Wheeler

Mailing address: 7222 SW 53 Ave

City: Miami State/Zip: 33143

Phone: 786-268-0626 E-mail: lynnw1@ATLANTICBB.NET

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: Lynn Wheeler

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City of Coral Gables Request to Address City Commission

Order of receipt 7 (11)

Date: 8/13/19 PLEASE PRINT Time: _____

Agenda/Item Number: _____

Issue: ANNEXATION

Name: MARTHA CHAKOUSTIC

Mailing address: 7401 SW 53 CT

City: MIAMI State/Zip: 33143

Phone: 305-495-5191 E-mail: MACHAKOUSTIC@gmail.com

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

☐ Yes ☒ No

Representing: SELF High Pines Resident

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

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City of Coral Gables Request to Address City Commission

Order of receipt 7 (12)

Date: 8/13/19 PLEASE PRINT Time: 5:52 PM

Agenda/Item Number: A-1

Issue: ANNEXATION

Name: JOSE RODRIGUEZ

Mailing address: 115 CALABRAN AVE #2

City: CORAL GABLES State/Zip: FL 33134

Phone: (305) 299-7856 E-mail: rodruj32@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: [Signature]

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

Order of receipt Y (9)

Date: 8/13/19 PLEASE PRINT Time: 6pm

Agenda/Item Number: _____

Issue: Annexation of High Pines

Name: JACOBO GADALA-MARIN

Mailing address: 4975 SW 80 ST.

City: MIAMI State/Zip: FL

Phone: 305-667-3712 E-mail: jgadala@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: [Signature]

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

Order of receipt Y (10)

Date: 8/13/19 PLEASE PRINT Time: 5:45

Agenda/Item Number: _____

Issue: Annexation / HP-PD Coral Gables

Name: Steven Chavoostie MD

Mailing address: 7401 SW 53 CT

City: MIAMI State/Zip: 33147

Phone: 305-753-7561 E-mail: chav81@bellsouth.net

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

☐ Yes ☒ No

Representing: SELF / Resident High Pines

- | | |
|---|---|
| <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: [Signature]

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 8/13/19 PLEASE PRINT Time: 6 pm

Agenda/Item Number: —

Issue: Annexation

Name: Kim Gerber

Mailing address: 7236 SW 54th Ct.

City: Miami State/Zip: FL 33143

Phone: (305) 321-3335 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 Kim Gerber

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: _____ PLEASE PRINT Time: _____

Agenda/Item Number: _____

Issue: Coral Ponce Davis Annex

Name: MIGUEL G. FARRA

Mailing address: 4875 N. Kendall Dr

City: Miami State/Zip: 33156

Phone: 305 439-4153 E-mail: MFARRA@MBAFCA.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 Miguel G. Farra

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City of Coral Gables
Request to Address City Commission

Order of receipt 4 (5)

PLEASE PRINT

Date: Aug. 13, 2019 Time: 6:00

Agenda/Item Number: _____

Issue: High Pines/Ponce Davis Annexation

Name: Camille Thiry

Mailing address: 7520 SW 53 Place

City: Miami State/Zip: FL 33143

Phone: 305-661-7970 E-mail: ccthiry@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:

The services, especially police, will be
invaluable to our community.

Signature Camille Thiry

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City of Coral Gables
Request to Address City Commission

Order of receipt 4 (6)

PLEASE PRINT

Date: 8/13 Time: 6:30

Agenda/Item Number: 19-9050

Issue: ANNEXATION

Name: JAMES BERLIN

Mailing address: 737 Tibidabo Av

City: CG State/Zip: 33143

Phone: 786 247 8171 E-mail: _____

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

☐ Yes ☒ No

Representing: favor annexation

- ☒ 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 live next to High Pines

Signature J Berlin

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City of Coral Gables
Request to Address City Commission

Order of receipt 3

Date: 8/12/19 PLEASE PRINT Time: _____

Agenda/Item Number: ANNEXATION

Issue: _____

Name: ROBERT RUANO

Mailing address: 1544 MURCIA AVE.

City: CORAL GABLES State/Zip: 33134

Phone: 305-962-6142 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:

I support annexation of
High Pines/Ponce Davis & Little
Gables

Signature [Signature]

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City of Coral Gables
Request to Address City Commission

Order of receipt 4

Date: 8/13/19 PLEASE PRINT Time: 6 PM

Agenda/Item Number: _____

Issue: High Pines / Ponce Davis

Name: Martin Thiry

Mailing address: 7520 SW 53 PL

City: MIA State/Zip: FL 33143

Phone: 305 661 7970 E-mail: Martythiry@GMAIC.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:

I think the Annexation
would be very helpful
FOR ALL OF US!

Signature [Signature]

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 8/13/19 PLEASE PRINT Time: 6:00pm

Agenda/Item Number: A-1 19-9050

Issue: RENEW RECONSIDERATION

Name: RANDY JONES

Mailing address: 7345 SW 55th AVE

City: MIAMI State/Zip: FL 33143

Phone: (305) 608-4041 E-mail: RANDY@WRJONESLAW.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:

PROPOONENT FOR RECONSIDERATION

Signature: [Signature]

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 8/13/19 PLEASE PRINT Time: _____

Agenda/Item Number: _____

Issue: Annexation

Name: MARIA C. CHURCH

Mailing address: 1447 Miller Rd

City: Coral Gables State/Zip: FL 33146

Phone: 305-323-2154 E-mail: thebeachenvy@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:

Signature: [Signature]

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