

**CITY OF MIRAMAR
PROPOSED CITY COMMISSION AGENDA ITEM**

Meeting Date: July 9, 2025

Presenter's Name and Title: Denise A. Gibbs, MMC, City Clerk

Prepared By: Emily Rejon and Frederika Dejean

Temp. Reso. Number: R8465

Item Description: Temp. Reso. #R8465 APPROVING APPOINTMENTS TO VARIOUS CITY BOARDS. (City Clerk Denise A. Gibbs)

Consent ☐ Resolution ☒ Ordinance ☐ Quasi-Judicial ☐ Public Hearing ☐

Instructions for the Office of the City Clerk: None

Public Notice – As required by the Sec. ____ of the City Code and/or Sec. ____, Florida Statutes, public notice for this item was provided as follows: on _____ in a _____ ad in the _____; by the posting the property on _____ and/or by sending mailed notice to property owners within _____ feet of the property on _____ (fill in all that apply)

Special Voting Requirement – As required by Sec. _____, of the City Code and/or Sec. _____, Florida Statutes, approval of this item requires a _____ (unanimous, 4/5ths etc.) vote by the City Commission.

Fiscal Impact: Yes ☐ No ☒

REMARKS: No fiscal impact


Content:

- Agenda Item Memo from the City Manager to City Commission
- Resolution TR8465
- Attachment(s)
 - Attachment 1: Advisory Board Vacancies List
 - Attachment 2: Advisory Board Applications



**CITY OF MIRAMAR
INTEROFFICE MEMORANDUM**

TO: Mayor, Vice Mayor, & City Commissioners

FROM: Dr. Roy L. Virgin, City Manager 

BY: Denise A. Gibbs, City Clerk

DATE: July 2, 2025

RE: Temp. Reso. No. 8465 approving appointments and replacements to various City boards

RECOMMENDATION: The City Manager recommends approval of Temp. Reso. No. 8465, approving appointments and providing for replacements to various City boards.

ISSUE: City Commission approval is required to appoint members and replacement members to the Civil Service Board and the Teen Council Advisory Board to provide for replacements.

BACKGROUND: The City Commission makes appointments to fill vacancies and provide replacements to various City boards, allowing the Boards to carry out their respective advisory functions.

Temp. Reso. No. 8465

6/5/25

6/25/25

**CITY OF MIRAMAR
MIRAMAR, FLORIDA**

RESOLUTION NO. _____

**A RESOLUTION OF THE CITY COMMISSION OF THE CITY
OF MIRAMAR, FLORIDA, APPROVING APPOINTMENTS
TO VARIOUS CITY BOARDS; AND PROVIDING FOR AN
EFFECTIVE DATE.**

WHEREAS, pursuant to ordinances and resolutions, the City Commission of the City of Miramar has created various advisory boards, including the Civil Service Board and the Teen Council Advisory Board; and

WHEREAS, the City Commission desires to make appointments to these Boards in order to fill vacancies, or to provide for replacements, so that the Boards can carry out the advisory functions for which they were created.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF MIRAMAR, FLORIDA AS FOLLOWS:

Section 1: That the foregoing "**WHEREAS**" clauses are ratified and confirmed as being true and correct and are made a specific part of this Resolution.

Section 2: That appointments to the referenced City Advisory Boards are made as follows:

Reso. No. _____

Temp. Reso. No. 8465

6/5/25

6/25/25

CIVIL SERVICE BOARD:

City Manager Dr. Roy L. Virgin (1)

TEEN COUNCIL ADVISORY BOARD:

At-Large (1)

Section 3: That the appropriate City officials are authorized to do all things necessary or expedient in order to carry out the aims of this Resolution.

Temp. Reso. No. 8465

6/5/25

6/25/25

PASSED AND ADOPTED this _____ day of _____, 2025.

Mayor, Wayne M. Messam

Vice Mayor, Yvette Colbourne

ATTEST:

City Clerk, Denise A. Gibbs

I HEREBY CERTIFY that I have approved
this RESOLUTION as to form:

City Attorney
Austin Pamies Norris Weeks Powell, PLLC

Requested by Administration

Commissioner Maxwell B. Chambers

Commissioner Avril Cherasard

Vice Mayor Yvette Colbourne

Commissioner Carson Edwards

Mayor Wayne M. Messam

Voted

Advisory Board	Applicants
CIVIL SERVICE BOARD City Manager (1)	<ul style="list-style-type: none">• Demetria Clayton (<i>3rd Choice</i>)• Bradford Larkin (<i>1st Choice</i>)• Christina Marshall (<i>2nd Choice</i>)• Mark Pray (<i>1st Choice</i>)
TEEN COUNCIL ADVISORY BOARD: At-Large (1)	<ul style="list-style-type: none">• Kaelyn Barrett – 9th Grade• Angelina Castrillo – 11th Grade• Terence Desjardins – 9th Grade• Neel Dhuruva – 11th Grade• Torin Drakeford – 11th Grade• Lyberty Heurtelou – 10th Grade• Alex Linwood – 12th Grade

ATTACHMENT 2

**CIVIL
SERVICE
BOARD**



MIRAMAR CIVIL SERVICE BOARD (City Charter Sec. 8.01)

MEMBER DATA	OCCUPATION	APPOINTMENT	TERM	APPOINT. DATE	EXP. DATE
Vito Dioguardi 6920 SW 35 Street Miramar, FL 33023 Tel: 954-602-3367 vdioguardi@miramarfl.gov	City Employee	General Employee Elected	At Will	09/11/24	05/26
Michael Garcia 14801 SW 27 th St. Miramar, FL 33027 Tel: 954-602-4802 magarcia@miramarfd.org	City Employee	Fire Dept. Elected	At Will	05/03/22	05/26
Yessenia Diaz 11765 City Hall Promenade Miramar, FL 33025 Tel: 954-602-4201 yidiaz@miramarpd.org	City Employee	Police Dept. Elected	At Will	04/27/22	05/26
Zain Remy 7649 Grandview Boulevard Miramar, FL 33023 Tel: 786-608-3156 zain.remy@gmail.com	Resident	Appointed by City Commission	At Will	Reso. 22-118 05/18/22	05/26
Karol Lopez 2784 SW 129 th Terrace, Miramar, FL 33027 Tel: 786-393-3792 lopezkm@live.com	Resident	Appointed by City Commission	At Will	Reso. 23-128 06/21/23	05/26
Kimone Edwards 1913 SW 149 Avenue Miramar, FL 33027 954-638-8258 kim.edwards26@yahoo.com	Resident	City Manager Appointed	At Will	Reso. 25-130 05/07/25	05/29
Vacant	Resident	City Manager Appointed	At Will		05/28

Staff Liaison:

Kanika Stamp, Human Resources Director
Tele: (954) 602-3062
Fax: (954) 602-0000
Email: krstamp@miramarfl.gov

Advisory Board Application

Submitted on	28 May 2025, 12:49pm
Receipt number	77
Related form version	4

Overview

All applicants must reside in the City of Miramar and be registered voter, as stated in the City Code Section 2-53. A copy of the voter's registration card is required.

Applicants selected to serve will receive a congratulatory email. If not selected, the applications will remain on file for one year. All applicants serve at the will of the Commission.

Please note that all demographic information is collected solely for reporting purposes to the State of Florida.

First and Last Name	Demetria Clayton
Primary Phone Number and Secondary Phone Number	3123583985
Email Address	demetriaclayton@ymail.com
Address	3470 Foxcroft rd apt 212
City and State	Miramar FLORDIA
Zip Code	33025
City of Miramar Resident	Yes
Are You a Registered Voter?	Yes
Gender	Female
Race	African-American
Choice of Board or Committee - First Choice	Cultural Center Arts Park Advisory Board
Choice of Board or Committee - Second Choice	Education Advisory Board
Choice of Board or Committee - Third Choice	Civil Service Board
Qualification / Educational Background List your affiliations with any Community/Civic Organizations, years of service(i.e. 2001-2002), and offices held (i.e. Chair, Member)	I was a member of Miramar's first government academy and it was a success. I am a board member of two nonprofit organizations in Miramar and Davie. I also serve our community during elections as a super clerk for Broward County Supervisor of Elections.
Community / Civic Organization	HAPPI Farm in Davie - Vice President 4 years.

List your affiliations with any Community/Civic Organizations, years of service(i.e. 2001-2002), and offices held (i.e. Chair, Member).

Acknowledgement is required for board position by checking box.

I understand that in accordance with the Florida Sunshine Law, this information may be made public. If appointed, I agree to faithfully and fully perform the duties of my office and will comply with all laws and ordinances of the City, County, and State of Florida. Particularly those pertaining to the conduct of public officials and the financial disclosure requirements. I acknowledge that, pursuant to the City Code, Chapter 2 DIVISION 1. – Article III, Sec. 2-51. – Attendance, if I am absent from two (2) consecutive regular meetings or if I am absent from three (3) meetings within any six-month period, and have not been excused therefrom by a majority vote of the members of the board that I am appointed to, I shall thereby automatically forfeit such position or office as a member of said board.

Upload Additional Documents (Voter Registration Card)

[IMG_1230.jpeg](#)

Signature

A handwritten signature in black ink, appearing to read "D. Clayton". The signature is written in a cursive, flowing style.

[Link to signature](#)

Advisory Board Application

Submitted on	25 June 2025, 10:24pm
Receipt number	91
Related form version	5

Overview

All applicants must reside in the City of Miramar and be registered voter, as stated in the City Code Section 2-53. A copy of the voter's registration card is required.

Applicants selected to serve will receive a congratulatory email. If not selected, the applications will remain on file for one year. All applicants serve at the will of the Commission.

Please note that all demographic information is collected solely for reporting purposes to the State of Florida.

First and Last Name	Bradford Larkin
Primary Phone Number and Secondary Phone Number	610-348-2217, 267-258-4899
Email Address	karbar215@aol.com
Address	18641 SW 39th Street
City and State	Miramar, Florida
Zip Code	33029
City of Miramar Resident	Yes
Are you a Miramar Business Owner	No
Are You a Registered Voter?	Yes
Please Upload a Copy of Your Voter's Registrarion Card (Not your Driver's License)	Brad Larkin Voter Information Card.pdf
Gender	Male
Race	African-American
Teen Council Advisory Board (Middle and High School Students ONLY)	
Choice of Board or Committee - First Choice	Civil Service Board
Choice of Board or Committee - Second Choice	Blasting Citizen Advisory Committee

Choice of Board or Committee - Third Choice

Historic Miramar Advisory Board

Qualification / Educational Background

List your affiliations with any Community/Civic Organizations, years of service (i.e. 2001-2002), and offices held (i.e. Chair, Member)

I earned both my Bachelor's and Master's degrees from Temple University. My Master's degree is in Innovation & Strategic Management and I hold 30 years of experience in the Transportation Industry (Railroad) - advancing to a Senior Locomotive Engineer.

Community / Civic Organization

List your affiliations with any Community/Civic Organizations, years of service (i.e. 2001-2002), and offices held (i.e. Chair, Member)

I am an active Life Member of Kappa Alpha Fraternity, Inc. (43 years of community service). In April of 2025, I served as Chairman for the sold out Kappa's AJH Golf Classic. Raised 91k. Recipient of Committee of the Year Award. Co-Founder & COO - WLCGF.

Acknowledgement is required for board position by checking box.

I understand that in accordance with the Florida Sunshine Law, this information may be made public. If appointed, I agree to faithfully and fully perform the duties of my office and will comply with all laws and ordinances of the City, County, and State of Florida. Particularly those pertaining to the conduct of public officials and the financial disclosure requirements. I acknowledge that, pursuant to the City Code, Chapter 2 DIVISION 1. – Article III, Sec. 2-51. – Attendance, if I am absent from two (2) consecutive regular meetings or if I am absent from three (3) meetings within any six-month period, and have not been excused therefrom by a majority vote of the members of the board that I am appointed to, I shall thereby automatically forfeit such position or office as a member of said board.

Upload Additional Documents (Voter Registration Card NOT Your Driver's License)

[Resume for Brad Larkin 2025 .docx](#)

Signature



[Link to signature](#)

Advisory Board Application

Submitted on	27 May 2025, 8:07pm
Receipt number	73
Related form version	4

Overview

All applicants must reside in the City of Miramar and be registered voter, as stated in the City Code Section 2-53. A copy of the voter's registration card is required.

Applicants selected to serve will receive a congratulatory email. If not selected, the applications will remain on file for one year. All applicants serve at the will of the Commission.

Please note that all demographic information is collected solely for reporting purposes to the State of Florida.

First and Last Name	Christina Marshall
Primary Phone Number and Secondary Phone Number	9542357716
Email Address	marshallca95@gmail.com
Address	3701 SW 165th Ave
City and State	Miramar, FL
Zip Code	33027
City of Miramar Resident	Yes
Are You a Registered Voter?	Yes
Gender	Female
Race	African-American
Choice of Board or Committee - First Choice	Cultural Center Arts Park Advisory Board
Choice of Board or Committee - Second Choice	Civil Service Board
Choice of Board or Committee - Third Choice	Blasting Citizen Advisory Committee
Qualification / Educational Background <small>List your affiliations with any Community/Civic Organizations, years of service (i.e. 2001-2002) and offices held (i.e. Chair, Member)</small>	University of Florida Alumni
Community / Civic Organization <small>List your affiliations with any Community/Civic Organizations, years of</small>	University of Florida Alumni

service(i.e. 2001-2002), and offices held (i.e. Chair, Member).

Acknowledgement is required for board position by checking box.

I understand that in accordance with the Florida Sunshine Law, this information may be made public. If appointed, I agree to faithfully and fully perform the duties of my office and will comply with all laws and ordinances of the City, County, and State of Florida. Particularly those pertaining to the conduct of public officials and the financial disclosure requirements. I acknowledge that, pursuant to the City Code, Chapter 2 DIVISION 1. – Article III, Sec. 2-51. – Attendance, if I am absent from two (2) consecutive regular meetings or if I am absent from three (3) meetings within any six-month period, and have not been excused therefrom by a majority vote of the members of the board that I am appointed to, I shall thereby automatically forfeit such position or office as a member of said board.

Upload Additional Documents (Voter Registration Card)

[voter registration.pdf](#)

Signature

Christina Marshall

[Link to signature](#)



Voter Information Lookup

Please find your voter registration information below.

Full Name:	CHRISTINA ALEXANDRA MARSHALL
Street Address:	3701 SW 165TH AVE
City:	MIRAMAR
Zip Code:	33027
County Name:	BROWARD
Voter Identification Number:	120239858
Date Of Registration:	9/25/2012
Party:	Florida Democratic Party
Voter Status:	Active*

Advisory Board Application

Submitted on	27 May 2025, 12:29pm
Receipt number	70
Related form version	4

Overview

All applicants must reside in the City of Miramar and be registered voter, as stated in the City Code Section 2-53. A copy of the voter's registration card is required.

Applicants selected to serve will receive a congratulatory email. If not selected, the applications will remain on file for one year. All applicants serve at the will of the Commission.

Please note that all demographic information is collected solely for reporting purposes to the State of Florida.

First and Last Name	Mark Pray
Primary Phone Number and Secondary Phone Number	3053018490
Email Address	mwp1117@hotmail.com
Address	19335 SW 25 Court
City and State	Miramar, FL
Zip Code	33029
City of Miramar Resident	Yes
Are You a Registered Voter?	Yes
Gender	Male
Race	Caucasian
Choice of Board or Committee - First Choice	Civil Service Board
Choice of Board or Committee - Second Choice	Affordable Housing Advisory Committee
Choice of Board or Committee - Third Choice	Economic Development Advisory Board
Qualification / Educational Background <small>List your affiliations with any Community/Civic Organizations, years of service (i.e. 2001-2002), and offices held (i.e. Chair, Member).</small>	Retired Navy 1971-1973. Undergraduate in Journalism from Kansas State 1971 and Master's in Sports Administration from Ohio University 1976.
Community / Civic Organization <small>List your affiliations with any Community/Civic Organizations, years of</small>	Moose Club 2018-2020

service(i.e. 2001-2002), and offices held (i.e. Chair, Member).

Acknowledgement is required for board position by checking box.

I understand that in accordance with the Florida Sunshine Law, this information may be made public. If appointed, I agree to faithfully and fully perform the duties of my office and will comply with all laws and ordinances of the City, County, and State of Florida. Particularly those pertaining to the conduct of public officials and the financial disclosure requirements. I acknowledge that, pursuant to the City Code, Chapter 2 DIVISION 1. – Article III, Sec. 2-51. – Attendance, if I am absent from two (2) consecutive regular meetings or if I am absent from three (3) meetings within any six-month period, and have not been excused therefrom by a majority vote of the members of the board that I am appointed to, I shall thereby automatically forfeit such position or office as a member of said board.

Upload Additional Documents (Voter Registration Card)

[image.jpg](#)

Signature

A handwritten signature in black ink, appearing to be 'M. P. Smith', written in a cursive style.

[Link to signature](#)

**TEEN
COUNCIL
ADVISORY
BOARD**



**MIRAMAR
TEEN COUNCIL ADVISORY BOARD
(City Code Sec. 2-105.4)**

MEMBER DATA	ELECTED OFFICIAL	APPT. DATE
Sa'Myah Kennedy 2041 SW 67 Avenue Miramar, FL 33023 954-928-6190 754-366-3884 noelaskennedy@gmail.com	Maxwell B. Chambers	05/07/25 Reso. 25-130
Addai Hawkins 3833 SW 93 Avenue Miramar, FL 33025 305-812-1899 a.hawkins@icloud.com ahawkins1030@pinescharter.net	Maxwell B. Chambers	06/11/24 Reso. 24-133
Ahyahna Presume 12496 SW 54 Street Miramar, FL 33027 305-762-2049 305-431-2752 sepresume2015@gmail.com	Avril Cherasard	05/07/25 Reso. 25-130
Kaidence Cochran 12380 SW 30 Street Miramar, FL 33025 305-409-0802 786-378-9985 kcochran72409@gmail.com moniquaholton@gmail.com	Avril Cherasard	05/07/25 Reso. 25-130
Jaden Watson 3211 SW 66 Way Miramar, FL 33023 754-364-5229 954-394-1348 merviswatson68@gmail.com jaidenwatson1968@gmail.com	Yvette Colbourne	06/17/25 Reso. 25-159
Kamsiyochukwu Mba 10538 SW 24 Street Miramar, FL 33025 954-253-5919 305-333-8829 1300110800@csusafirstudent.org Mbafamily22@yahoo.com	Yvette Colbourne	11/15/2021 Reso. 22-48
Nickoya McNeil 7061 SW 26 Court Miramar, FL 33023 954-558-7947 color_chick@hotmail.com	Carson Eddy Edwards	05/07/25 Reso. 25-130
Isabella Clarke 3131 SW 64 Avenue Miramar, FL 33023 305-370-4473 isabellaclarke012@gmail.com henroy.agnes@gmail.com	Carson Eddy Edwards	06/04/25 Reso. 25-147

London McNeil 7061 SW 26 Court Miramar, FL 33023 954-589-3781 954-558-7947 color_chick@hotmail.com	Wayne M. Messam	06/04/25 Reso. 25-147
Ryan Patrick Millay 4857 SW 183 Avenue Miramar, FL 33029 805-345-8034 858-750-8237 millayryan00@gmail.com rjm1971persbiz@yahoo.com	Wayne M. Messam	06/17/25 Reso. 25-159
Arielle Burkett Hyndman 10308 SW 19 Street Miramar, FL 33025 954-826-2278 arielle.hyndman10@gmail.com	At-Large	01/25/23 Reso. 23-46
Vacant	At-Large	

Term of office for each member shall be through high school graduation and shall be made June of each year. (Ord. #19-22)

Staff Liaison:
Janine Alleyne - Maragh
Parks & Recreation Deputy Director
Tele: (954) 602-3342
Email: jpalleyne@miramarfl.gov

Print

Teen Council Advisory Board Application (Must be a Middle or High School Student to apply) - Submission #16575

Date Submitted: 8/20/2024

All applicants must reside in the City of Miramar, unless otherwise stated in the City Code Section 2-53.

Applicants selected to serve will receive a congratulatory email. If not selected, the applications will remain on file for one year.

All applicants serve at the will of the Commission.

Please note that all demographic information is collected solely for reporting purposes to the State of Florida.

First & Last Name*

Kaelyn Barrett

Primary Phone*

7542655617

Secondary Phone

Address

8841 N Bermuda Dr

City

Miramar

State

FL

Zip Code

33025

Student Email*

Littlekaely6@gmail.com

Email addresses become a part of the Public Record on submittal of the form.

City Resident*



Yes



No

Gender*

Female



Race*

African-American



Stipulations*

I've read About Teen Council Advisory Board. I understand that any board member who is absent from two (2) consecutive regular meetings of the board or who is absent from three (3) meetings within any six-month period, unexcused, shall be removed from the board.



I (Parent/Legal Guardian), authorize my son/daughter to attend meetings and participate in the activities of the Teen Council Advisory Board.

School*

Miramar High School

Grade*

9

Parent/Guardian Email*

Msdebbied@yahoo.com

Parent/Guardian Phone*

9548646414

My Commitment of Participation

The Teen Council Advisory Board meets the 1st Thursday of each month from 6 - 7:30 p.m.

Are you able to attend meetings on the mentioned days and times?

Yes



No

If no, please explain why:

Your input is limited to 255 characters.

Qualifications/Educational Background*

I'm a debate student who has experience in writing and giving speeches to a crowd of people. Reading and writing are my strengths leading me to get 3rd on my 8th grade ELA testing. I have also been a tutor for MTL a peer to peer mentoring program.

Briefly describe your specific expertise and/or abilities relevant to your board choice in place of these directions. Your input is limited to 255 characters.

Community/Civic Organization You Are Affiliated With

List the organization name, years of service (i.e. 2001-2002), and offices held (i.e. chair, member), in place of these directions. Your input is limited to 255 characters.

Acknowledgement

I understand that in accordance with the Florida Sunshine Law, this information may be made public. If appointed, I agree to faithfully and fully perform the duties of my office and will comply with all laws and ordinances of the City, County, and State of Florida. Particularly those pertaining to the conduct of public officials and the financial disclosure requirements.



Acknowledgement is required for board position by checking box.

Print

Teen Council Advisory Board Application (Must be a Middle or High School Student to apply) - Submission #16161

Date Submitted: 6/28/2024

All applicants must reside in the City of Miramar, unless otherwise stated in the City Code Section 2-53.

Applicants selected to serve will receive a congratulatory email. If not selected, the applications will remain on file for one year.

All applicants serve at the will of the Commission.

Please note that all demographic information is collected solely for reporting purposes to the State of Florida.

First & Last Name*

ANGELINA CASTRILLO

Primary Phone*

9542430785

Secondary Phone

Address

15291 SW 18TH STREET

City

MIRAMAR

State

FL

Zip Code

33027

Student Email*

angelinamcast080@gmail.com

Email addresses become a part of the Public Record on submittal of the form.

City Resident*

☒ Yes
☐ No

Gender*

Female

Race*

Hispanic-American

Stipulations*

I've read About Teen Council Advisory Board. I understand that any board member who is absent from two (2) consecutive regular meetings of the board or who is absent from three (3) meetings within any six-month period, unexcused, shall be removed from the board.



I (Parent/Legal Guardian), authorize my son/daughter to attend meetings and participate in the activities of the Teen Council Advisory Board.

School*

Somerset Academy Chapel Trail

Grade*

11th

Parent/Guardian Email*

dezca5@aol.com

Parent/Guardian Phone*

9545899144

My Commitment of Participation

The Teen Council Advisory Board meets the 1st Thursday of each month from 6 - 7:30 p.m.

Are you able to attend meetings on the mentioned days and times?

Yes



No

If no, please explain why:

Your input is limited to 255 characters.

Qualifications/Educational Background*

I feel is important as a young teenage girl to have input in this society which is continuously evolving, and in need of more positivity among the youth to strive for a future with able and willing adults that will part of the working/civilian community.

Briefly describe your specific expertise and/or abilities relevant to your board choice in place of these directions. Your input is limited to 255 characters.

Community/Civic Organization You Are Affiliated With

List the organization name, years of service (i.e. 2001-2002), and offices held (i.e. chair, member), in place of these directions. Your input is limited to 255 characters.

Acknowledgement

I understand that in accordance with the Florida Sunshine Law, this information may be made public. If appointed, I agree to faithfully and fully perform the duties of my office and will comply with all laws and ordinances of the City, County, and State of Florida. Particularly those pertaining to the conduct of public officials and the financial disclosure requirements.



Acknowledgement is required for board position by checking box.

Advisory Board Application

Submitted on	24 June 2025, 12:48pm
Receipt number	89
Related form version	4

Overview

All applicants must reside in the City of Miramar and be registered voter, as stated in the City Code Section 2-53. A copy of the voter's registration card is required.

Applicants selected to serve will receive a congratulatory email. If not selected, the applications will remain on file for one year. All applicants serve at the will of the Commission.

Please note that all demographic information is collected solely for reporting purposes to the State of Florida.

First and Last Name	Terence Desjardins
Primary Phone Number and Secondary Phone Number	754 266 7450
Email Address	terencethegarden@gmail.com
Address	2558 SW 82nd ave
City and State	Miramar Florida
Zip Code	33025
City of Miramar Resident	Yes
Are You a Registered Voter?	Yes
Gender	Male
Race	African-American
Choice of Board or Committee - First Choice	Teen Council Advisory Board
Choice of Board or Committee - Second Choice	Economic Development Advisory Board
Choice of Board or Committee - Third Choice	Affordable Housing Advisory Committee
Qualification / Educational Background List your affiliations with any Community/Civic Organizations, years of service(i.e. 2001-2002), and offices held (i.e. Chair, Member).	Chaminade Madonna College Preparatory School (August 2024- June 2025)
Community / Civic Organization List your affiliations with any Community/Civic Organizations, years of	17th judicial circuit teen court volunteer (April 2025-June 2025)

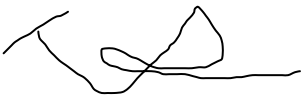
Acknowledgement is required for board position by checking box.

I understand that in accordance with the Florida Sunshine Law, this information may be made public. If appointed, I agree to faithfully and fully perform the duties of my office and will comply with all laws and ordinances of the City, County, and State of Florida. Particularly those pertaining to the conduct of public officials and the financial disclosure requirements. I acknowledge that, pursuant to the City Code, Chapter 2 DIVISION 1. – Article III, Sec. 2-51. – Attendance, if I am absent from two (2) consecutive regular meetings or if I am absent from three (3) meetings within any six-month period, and have not been excused therefrom by a majority vote of the members of the board that I am appointed to, I shall thereby automatically forfeit such position or office as a member of said board.

Upload Additional Documents (Voter Registration Card)

[IMG_1121.jpeg](#)
[IMG_1120.jpeg](#)

Signature



[Link to signature](#)

Print

Teen Council Advisory Board Application (Must be a Middle or High School Student to apply) - Submission #17389

Date Submitted: 12/15/2024

All applicants must reside in the City of Miramar, unless otherwise stated in the City Code Section 2-53.

Applicants selected to serve will receive a congratulatory email. If not selected, the applications will remain on file for one year.

All applicants serve at the will of the Commission.

Please note that all demographic information is collected solely for reporting purposes to the State of Florida.

First & Last Name*

Neel Dhuruva

Primary Phone*

7869160751

Secondary Phone

Address

18660 SW 33rd CT

City

Miramar

State

FL

Zip Code

Miramar

Student Email*

neeldhuruva@gmail.com

Email addresses become a part of the Public Record on submittal of the form.

City Resident*



Yes



No

Gender*

Male



Race*

Asian-American



Stipulations*

I've read About Teen Council Advisory Board. I understand that any board member who is absent from two (2) consecutive regular meetings of the board or who is absent from three (3) meetings within any six-month period, unexcused, shall be removed from the board.



I (Parent/Legal Guardian), authorize my son/daughter to attend meetings and participate in the activities of the Teen Council Advisory Board.

School*

American Heritage School

Grade*

11

Parent/Guardian Email*

parimalad@gmail.com

Parent/Guardian Phone*

7862001495

My Commitment of Participation

The Teen Council Advisory Board meets the 1st Thursday of each month from 6 - 7:30 p.m.

Are you able to attend meetings on the mentioned days and times?

Yes



No

If no, please explain why:

Your input is limited to 255 characters.

Qualifications/Educational Background*

- Intern for State Representative Robin Bartleman - Teaching Assistant Support at Florida International University - Microsoft Office Certified - High School Student

Briefly describe your specific expertise and/or abilities relevant to your board choice in place of these directions. Your input is limited to 255 characters.

Community/Civic Organization You Are Affiliated With

Founder of Peer to Peer Global for Teens (P2P) an international network of high school students dedicated to fostering a supportive and empowering community. Youth Advocate for substance abuse prevention and mental health (United Way of Broward County)

List the organization name, years of service (i.e. 2001-2002), and offices held (i.e. chair, member), in place of these directions. Your input is limited to 255 characters.

Acknowledgement

I understand that in accordance with the Florida Sunshine Law, this information may be made public. If appointed, I agree to faithfully and fully perform the duties of my office and will comply with all laws and ordinances of the City, County, and State of Florida. Particularly those pertaining to the conduct of public officials and the financial disclosure requirements.



Acknowledgement is required for board position by checking box.

Print

Teen Council Advisory Board Application (Must be a Middle or High School Student to apply) - Submission #16056

Date Submitted: 6/16/2024

All applicants must reside in the City of Miramar, unless otherwise stated in the City Code, and may belong to only 1 Advisory Board at a time. Applications not submitted online must be typed or printed and completed in full.

Advisory Board Applications will be kept on file for 1 year only. After its expiration, you will have to re-submit a new application.

Salutation

Miss ▼

Name

Torin Drakeford

Primary Phone

4695853715

Secondary Phone

Address

4927 SW 162nd Avenue

City

Miramar

State

FL

Zip Code

33027

Student Email

samariadrakeford@yahoo.com

Email addresses become a part of the Public Record on submittal of the form.

City Resident



Yes



No



I've read About Teen Council Advisory Board. I understand that after 3 absences of meetings I may be removed from the board.



I (Parent/Legal Guardian), authorize my son/daughter to attend meetings and participate in the activities of the Teen Council Advisory Board.

School

Somerset Academy Chapel Trail

Grade

10

Parent/Guardian Email

samariadrakeford@yahoo.com

Parent/Guardian Phone

4695853715

My Commitment of Participation

The Teen Council Advisory Board meets the 1st Thursday of each month from 6 - 7:30 p.m.

Are you able to attend meetings on the mentioned days and times?



Yes



No

If no, please explain why:

Your input is limited to 255 characters.

Qualifications/Educational Background

Briefly describe your specific expertise and/or abilities relevant to your board choice in place of these directions. Your input is limited to 255 characters.

Community/Civic Organization You Are Affiliated With

List the organization name, years of service (i.e. 2001-2002), and offices held (i.e. chair, member), in place of these directions. Your input is limited to 255 characters.

Acknowledgement

I understand that in accordance with the Florida Sunshine Law, this information may be made public. If appointed, I agree to faithfully and fully perform the duties of my office and will comply with all laws and ordinances of the City, County, and State of Florida. Particularly those pertaining to the conduct of public officials and the financial disclosure requirements.



Acknowledgement is required for board position by checking box.

Print

Teen Council Advisory Board Application (Must be a Middle or High School Student to apply) - Submission #15768

Date Submitted: 5/9/2024

All applicants must reside in the City of Miramar, unless otherwise stated in the City Code, and may belong to only 1 Advisory Board at a time. Applications not submitted online must be typed or printed and completed in full.

Advisory Board Applications will be kept on file for 1 year only. After its expiration, you will have to re-submit a new application.

Salutation

Ms. ▼

Name

Lyberty Heurtelou

Primary Phone

7543013640

Secondary Phone

7543013640

Address

2255 sw 80th terr

City

miramar

State

florida

Zip Code

33025

Student Email

lybertyheurtelou100@icloud.com

Email addresses become a part of the Public Record on submittal of the form.

City Resident



Yes



No



I've read About Teen Council Advisory Board. I understand that after 3 absences of meetings I may be removed from the board.



I (Parent/Legal Guardian), authorize my son/daughter to attend meetings and participate in the activities of the Teen Council Advisory Board.

School

miramar high school

Grade

9th

Parent/Guardian Email

patrickheurtelou07@gmail.com

Parent/Guardian Phone

9544839936

My Commitment of Participation

The Teen Council Advisory Board meets the 1st Thursday of each month from 6 - 7:30 p.m.

Are you able to attend meetings on the mentioned days and times?

Yes



No

If no, please explain why:

Your input is limited to 255 characters.

Qualifications/Educational Background

i'm a freshman at miramar high school

Briefly describe your specific expertise and/or abilities relevant to your board choice in place of these directions. Your input is limited to 255 characters.

Community/Civic Organization You Are Affiliated With

MTL

List the organization name, years of service (i.e. 2001-2002), and offices held (i.e. chair, member), in place of these directions. Your input is limited to 255 characters.

Acknowledgement

I understand that in accordance with the Florida Sunshine Law, this information may be made public. If appointed, I agree to faithfully and fully perform the duties of my office and will comply with all laws and ordinances of the City, County, and State of Florida. Particularly those pertaining to the conduct of public officials and the financial disclosure requirements.



Acknowledgement is required for board position by checking box.

Print

Teen Council Advisory Board Application (Must be a Middle or High School Student to apply) - Submission #16670

Date Submitted: 9/4/2024

All applicants must reside in the City of Miramar, unless otherwise stated in the City Code Section 2-53.

Applicants selected to serve will receive a congratulatory email. If not selected, the applications will remain on file for one year.

All applicants serve at the will of the Commission.

Please note that all demographic information is collected solely for reporting purposes to the State of Florida.

First & Last Name*

Alex Linwood

Primary Phone*

954-471-6444

Secondary Phone

954-830-9161

Address

1942 SW 179 Avenue

City

Miramar

State

Florida

Zip Code

33029

Student Email*

neatnats@me.com

Email addresses become a part of the Public Record on submittal of the form.

City Resident*



Yes



No

Gender*

Male



Race*

African-American



Stipulations*

I've read About Teen Council Advisory Board. I understand that any board member who is absent from two (2) consecutive regular meetings of the board or who is absent from three (3) meetings within any six-month period, unexcused, shall be removed from the board.



I (Parent/Legal Guardian), authorize my son/daughter to attend meetings and participate in the activities of the Teen Council Advisory Board.

School*

Everglades High

Grade*

11

Parent/Guardian Email*

Neatnats@me.com

Parent/Guardian Phone*

954-471-6444

My Commitment of Participation

The Teen Council Advisory Board meets the 1st Thursday of each month from 6 - 7:30 p.m.

Are you able to attend meetings on the mentioned days and times?

Yes



No

If no, please explain why:

Your input is limited to 255 characters.

Qualifications/Educational Background*

Currently a junior at Everglades High school and enrolled in the City of Miramar Fire Academy offered through the high school. Currently a volunteer at Memorial Regional Hospital in the pharmacy department and also volunteer at Feeding south Florida.

Briefly describe your specific expertise and/or abilities relevant to your board choice in place of these directions. Your input is limited to 255 characters.

Community/Civic Organization You Are Affiliated With

Same as above.

List the organization name, years of service (i.e. 2001-2002), and offices held (i.e. chair, member), in place of these directions. Your input is limited to 255 characters.

Acknowledgement

I understand that in accordance with the Florida Sunshine Law, this information may be made public. If appointed, I agree to faithfully and fully perform the duties of my office and will comply with all laws and ordinances of the City, County, and State of Florida. Particularly those pertaining to the conduct of public officials and the financial disclosure requirements.



Acknowledgement is required for board position by checking box.