



James Curran, Mayor
Ryan C. Shrouder, Commissioner
Jeremy Katzman, Commissioner
Lisa Mallozzi, Commissioner
Jason Smith, Commissioner
Alex Rey, City Manager

January 23, 2025

Massimo Pulcini

2840 NW 82 Way

Cooper City, FL 33024

Dear Max,

On behalf of the City Commission, I am happy to advise that you have been appointed as a member of the City's Charter Review Board. As you are aware, the term of this appointment is six months from the date of the Resolution, unless the City Commission extends such terms. I understand that the **first meeting** has not been scheduled, as we await the Members of the Commission to appoint their representative members at the Commission meeting on January 28, 2025.

Thank you for offering your time to serve on this most important Board. Without a doubt, you will be an asset.

Very truly yours,

Sabrina Valmir
Executive Assistant to the Elected Officials

cc: Commissioner Jeremy Katzman
Alex Rey, City Manager

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CITY OF COOPER CITY
CITIZENS RESOURCE SHEET

Please indicate the Board(s) for which you wish to be considered:

- | | | |
|--|--|--|
| <input type="checkbox"/> Business Advisory Board | <input type="checkbox"/> General Employees Pension Board | <input type="checkbox"/> Recreation Advisory Board |
| <input checked="" type="checkbox"/> Charter Review Board | <input type="checkbox"/> Green Advisory Board | <input type="checkbox"/> Senior Advisory Board |
| <input type="checkbox"/> Education Advisory Board | <input type="checkbox"/> Planning & Zoning Board | <input type="checkbox"/> Royal Palm Ranches Advisory Board |
| <input type="checkbox"/> Firefighters Pension Board | <input type="checkbox"/> Police Pension Board | |

Please choose one:

- I wish to be considered by Commissioner Katzman (please write in name)
- I wish to be considered by any member of the Commission

Date: 1/22/25

Name: MASSIMO PULCINI Email Address: PULCINIMAX@AOL.COM

Home Address: 2840 NW 82 WAY Cooper City, FL 33024

Cell #: 954-655-4987 Work #: 954-533-7800 Home #: _____

Length of Residence in Cooper City YES Years YES Months

Length of Time as Business Person in Cooper City YES Years YES Months

QUALIFICATIONS:

Please provide a brief statement outlining why you wish to serve on the applicable boards and/or committees selected. In addition, please attach copy of your resume or vita (optional): _____

I'M A RESIDENT WHO HAS THE BEST INTEREST OF COOPER CITY AT HEART.

Experience in Board Subject:

Related Work or Civic Affiliation: FICPA STATE & LOCAL GOVERNMENT COMMITTEE

College (if appropriate): UNIVERSITY OF MIAMI, FLORIDA ATLANTIC UNIVERSITY

Field of Study: MARKETING, FINANCE, ACCOUNTING

Other professional or technical training (Name of school, course name, etc.): CPA, CPCU

DISCLOSURES:

1. Are you or any of your relatives presently employed by the City of Cooper City? NO If yes, please state names and City departments/divisions: _____

2. Are you aware of any potential conflict of interest that may arise from your serving on City of Cooper City boards and committees? NO If yes, please explain: _____

3. Do you have any unpaid or delinquent accounts, water bills, etc. owed to the City of Cooper City? NO If yes, please list: _____

4. If you own property in the City of Cooper City, do you have any pending code violations and/or unpaid code fines related to such property? NO If yes, please list: _____

5. Is there any other information that you would like to disclose in connection with this application? NO If yes, please do so here: _____

Please affirm and acknowledge that you understand and agree to the following (mark each box):

I understand that in accordance with Florida Sunshine Law, this information becomes public record and may be subject to public review.

If appointed, I agree to faithfully and fully perform the duties of my appointment, will make every endeavor to serve my full term, and will comply with all laws and ordinances of the City of Cooper City, Broward County and the State of Florida, particularly those pertaining to the standards of conduct for public officers and related financial disclosure requirements, if applicable. I further agree to take the applicable statutory oath. I understand that if appointed, I must take the oath of office prescribed in the Florida Statutes.

Misrepresentation of any information or qualifications given on this application may cause automatic removal from any board/committee.

Signature: _____ Date: 1/22/2025