



CITY OF COOPER CITY CITIZENS RESOURCE SHEET

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

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Business Advisory Board | <input type="checkbox"/> General Employees Pension Board | <input checked="" type="checkbox"/> Recreation Advisory Board |
| <input type="checkbox"/> Charter Review Board | <input checked="" type="checkbox"/> Green Advisory Board | <input type="checkbox"/> Senior Advisory Board |
| <input checked="" type="checkbox"/> Education Advisory Board | <input checked="" 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 | <input checked="" type="checkbox"/> PUBLIC SAFETY ADVISORY BOARD |

Please choose one:

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

Date: 01/23/2025

Name: Natalie Oliveros Email Address: natalieoliveros@yahoo.com

Home Address: 5242 SW 118th Ave Cooper City, FL 33330

Cell #: 954-253-3929 Work #: _____ Home #: _____

Length of Residence in Cooper City 19 Years _____ Months

Length of Time as Business Person in Cooper City _____ Years _____ 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): _____

My background in Business, Real Estate, HOA management, and training and mentoring young professionals highlights the valuable contributions I can bring to the city.

I am truly grateful to be considered for a seat on any of these advisory boards and look forward to the opportunity to serve.

Experience in Board Subject:

Related Work or Civic Affiliation: Regional Director for a HOA Management Company

College (if appropriate): _____

Field of Study: _____

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

Real Estate Broker license, CAM License

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? **None** If yes, please do so here: _____

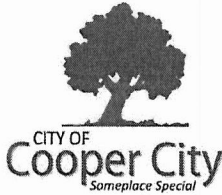
Please affirm and acknowledge that you understand and agree to the following (mark each box):

☒ 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.

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Signature: **Natalie Oliveros** Date: **01/23/2025**



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| <input 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 | <input checked="" type="checkbox"/> Public Safety Advisory Board |

Please choose one:

- ☒ I wish to be considered by Commissioner MAYOR James Curran (please write in name)
- ☐ I wish to be considered by any member of the Commission

Date: 1/25/25

Name: Andrew Gross Email Address: Drew911@hotmail.com

Home Address: 5010 Regency Isles Way Cooper City, FL 33330

Cell #: 954-662-2021 Work #: 305 532-3440 Home #: 954-662-2021

Length of Residence in Cooper City 13 Years ____ Months

Length of Time as Business Person in Cooper City ____ Years ____ 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): Public Safety Advisory Board

Served on previous Public Safety Board, Mike and Keep Cooper City Safe

- Former Firefighter / OFFICER

- Public Safety Advocate - Buyer

Experience in Board Subject: Current member of CUP + CERT

Related Work or Civic Affiliation: Former Firefighter / Line OFFICER / Former Special Agent

College (if appropriate): Bachelor of Science in Criminal Justice

Field of Study: Criminal Justice

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

Certified Firefighter FL, TNLC - Public Safety, Diver
Continued Wildland Firefighter

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: _____

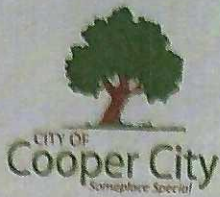
Please affirm and acknowledge that you understand and agree to the following (mark each box):

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Signature: [Signature] Date: 1/25/25



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

Please choose one:

- ☒ I wish to be considered by Commissioner JASON SMITH (please write in name)
- ☐ I wish to be considered by any member of the Commission

Date: 2/12/2025

Name: MARK COLOMBO

Email Address: markcolombo305@GMAIL

Home Address: 11410 S POINT DRIVE

Cooper City, FL 33026

Cell #: 305 434 0823

Work #:

Home #:

Length of Residence in Cooper City 9 Years 3 Months

Length of Time as Business Person in Cooper City _____ Years _____ 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):

Currently volunteering over 100 hours a year with the
Cooper City C.O.P. program

Experience in Board Subject:

Related Work or Civic Affiliation: Construction sales & service

College (if appropriate):

Field of Study: negotiating, arbitrating, mediating ideas

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

ESOP Owned L. Fishman & Son Inc 100+ year old company

DISCLOSURES:

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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? _____
If yes, please do so here: NONE

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

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Signature: _____

Date: _____

02/12/2025



CITY OF COOPER CITY CITIZENS RESOURCE SHEET

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- | | | |
|---|--|--|
| <input type="checkbox"/> Business Advisory Board | <input type="checkbox"/> General Employees Pension Board | <input checked="" type="checkbox"/> Public Safety Advisory Board |
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| <input type="checkbox"/> Firefighters Pension Board | <input type="checkbox"/> Police Pension Board | <input type="checkbox"/> Royal Palm Ranches Advisory Board |

Please choose one:

- ☒ I wish to be considered by Commissioner Lisa Mallozzi (please write in name)
- ☐ I wish to be considered by any member of the Commission

Date: 02/03/2025

Name: William Tighe Email Address: Tighewj@yahoo.com

Home Address: _____ Cooper City, FL _____

Cell #: _____ Work #: _____ Home #: _____

Length of Residence in Cooper City 4 Years 6 Months

Length of Time as Business Person in Cooper City _____ Years _____ 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 have been a sworn law enforcement officer for 12 and a half years and have worked for Plantation PD for 16 years. I currently am assigned as a Detective in the Special Victims / Threat Management and Digital Forensic Units.

Experience in Board Subject:

Related Work or Civic Affiliation: _____

College (if appropriate): _____

Field of Study: _____

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

DISCLOSURES:

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Signature:  Date: 02/03/2025



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CITIZENS RESOURCE SHEET**

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| <input type="checkbox"/> Firefighters Pension Board | <input type="checkbox"/> Police Pension Board | <input type="checkbox"/> Royal Palm Ranches Advisory 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: 2/20/2025

Name: Matthew Lerner Email Address: mlerner@matthewlernerlaw.com

Home Address: _____ Cooper City, FL _____

Cell #: 954-662-6166 Work #: 954-368-3377 Home #: 954-431-7080

Length of Residence in Cooper City 24 Years _____ Months

Length of Time as Business Person in Cooper City 4 Years _____ 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): _____

By serving on the public safety advisory board it would allow me to directly contribute to my community's safety by providing insights, voicing concerns, and actively influencing policy decisions

related to police, fire and the city. Essentially acting as a bridge between the community and all agencies to improve overall public safety initiatives.

Experience in Board Subject:

Related Work or Civic Affiliation: See attached resume

College (if appropriate): University of Florida / Nova Southeastern University

Field of Study: Law

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

See attached resume

DISCLOSURES:

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Signature: _____

Date: 02/20/2025



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Please choose one:

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

Date: February 24, 2025

Name: John L. Simpson Email Address: johnfaa@bellsouth.net

Home Address: 11552 SW 56th Court Cooper City, FL 33330

Cell #: (954) 881-4284 Work #: N/A Home #: N/A

Length of Residence in Cooper City 20 Years 1 Months

Length of Time as Business Person in Cooper City 0 Years ____ 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): Previous PSAB member,

Active Cooper City COP & CERT member, currently COP Volunteer Team Lead, Retired Federal Aviation Administration Tech Ops Manager

(37 years) Managed budget, personnel, technology upgrades. Worked as contractor for FAA last 15 years managing upgrades at FAA facilities.

Interested in BSO Fire & Police contract, ISO rating, pursuing grants for fire equipment, technology upgrades.

Experience in Board Subject:

Related Work or Civic Affiliation: 7 years in Cooper City COP & CERT.

College (if appropriate): 2 years

Field of Study: General studies

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

Several years management & budget experience & training in the FAA.

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Signature: **John L. Simpson** Date: **February 24, 2025**