
INFORMATIONAL DATA FOR BOARD APPOINTMENTS



07/24/2025
Date Completed

1. Name: MS. SHAW KAITLYN PAIGE
MR./MRS./MS. LAST FIRST MIDDLE/MAIDEN

2. Residence Address: 329 TURNER AVE WAUCHULA HARDEE
STREET CITY COUNTY
FL 33873 863 832 7158
POST OFFICE BOX STATE ZIP CODE AREA CODE/PHONE NUMBER

3. Board of Interest: HISTORIC PRESERVATION BOARD

4. Current Employer and Occupation: AFICS - INDEPENDENT ADJUSTER

5. Are you a United States citizen? Yes ☒ No ☐ If "No" explain:

If you are a naturalized citizen, date of naturalization: _____

6. How long have you continuously resided at the address listed above in question 2? MARCH
2014

7. Education
A. High School: HARDEE SENIOR HIGH Year Graduated: 2014
B. College: SEFC AVON PARK, FL Year Graduated: 2017
(NAME AND LOCATION)

8. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

EMPLOYER'S NAME & ADDRESS	TYPE OF BUSINESS	OCCUPATION/JOB TITLE	PERIOD OF EMPLOYMENT
<u>AFICS</u>	<u>INSURANCE</u>	<u>INDEPENDENT ADJUSTER</u>	<u>NOV. 2022 - CURRENT</u>
<u>PEACE RIVER CITRUS GROWERS ASSOCIATION</u>	<u>NON PROFIT</u>	<u>EXECUTIVE DIRECTOR</u>	<u>2018 - 2022</u>

9. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

I AM A YOUNG RESIDENT OF HARDEE COUNTY WITH AN INTEREST IN CITY OPERATIONS. I HAVE LIVED IN CITIES ALL OVER THE COUNTRY AND CAN PROVIDE A NEW PERSPECTIVE.

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes ☒ No ☐ If "Yes", list:

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes ☒ No ☐ If "Yes", list:

D. Identify all association memberships and association offices held by you that relate to this appointment:

NONE

10. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives.

NAME	MAILING ADDRESS	ZIP CODE	AREA CODE/PHONE NUMBER
DONISE GILMSLEY			863 441 1460

11. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have

been or will be appointed? Yes ☒ No ☐ If "Yes", explain:

12. If required by law or administrative rule, will you file financial disclosure statements? Yes ☒ No ☐


Signature of Applicant