

MAY 02 2025

## Advisory Board Application - Marion County Board of County Commissioners

Applicants must be residents of Marion County. Applications are kept on file for one year. More information can be found at [MarionFL.org/AdvisoryBoards](http://MarionFL.org/AdvisoryBoards).

**Date completed**

05/02/2025 12:00 AM

**\* Name of advisory board**

Planning and Zoning Board

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## Applicant information

If your address or any other personal information is exempt under Florida Statute 119.70, please request, complete, and submit a Public Records Act form via the commission office at 352-438-2323 or [CommissionAdmin@MarionFL.org](mailto:CommissionAdmin@MarionFL.org).

**\* Full name**

DONALD E. Johnson

**\* Physical address of primary residence**

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**\* Primary phone**

(352) 817-4878

**Work Phone**

\*\*SKIPPED\*\*

**\* Email**

donjohnson357@aol.com

**Preferred method of contact**

Email

## Advisory Board Application

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### Additional applicant information

With this application, voter status is required and homesteaded property is optional but may be required at a later date depending upon which advisory board will receive your application. Additional personal information may also be required for participation per Florida Statute and/or county ordinance.

**\* Registered voter?**

Yes

**Do you own homesteaded property in Marion County?**

Yes

**\* Have you ever been convicted (including a withholding of adjudication), pled guilty, or pled to a nolo contendere (no contest) to a misdemeanor or a felony (including a criminal traffic violation)?**

No

Answering "Yes" will not automatically disqualify you from serving on an advisory board. The nature, severity, and date of the offense will be considered in relation to the position. If unsure about the details of a criminal case, contact the relevant agency to ensure accuracy when reporting your history. Failure to do so may result in removal from the board. If you answered 'Yes,' please provide details. You may use an additional sheet if needed.

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The following data is collected in accordance with Florida Statute 760.80, for the purpose of statistical reporting and ensuring compliance with diversity and inclusion guidelines. Your responses will be kept confidential and will not affect your application.

Gender

Male

Physically disabled

No

Race

White

## Advisory Board Application

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### Employment

If retired, please provide information for your most recent employer.

**Business name**

FLORITURF SOD INC

**Business physical address**

4399 N Canoe Creek Road  
Kenansville FL 34739

**Occupation/Business type**

Farm

**Previous occupation/business type**

Farm

Are you employed with our organization?

No

**If yes, please provide your job title and associated department.**

\*\*SKIPPED\*\*

Do you have relatives employed by our organization?

No

**If yes, please provide their job title(s) and department(s).**

\*\*SKIPPED\*\*

Do you work for an entity or agency that received funding from or has a contract with our organization to perform services?

No

Are you, your spouse, or your children an officer, director, or partner with an entity that received funding from or has a contract with our organization?

No

If yes, you will be required to complete and submit a disclosure of business transaction, relationship, interest (Form 4A). You may request this form from the commission office via 352-438-2323 or CommissionAdmin@MarionFL.org.

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**Why do you want to serve on this advisory board? Please include relevant work experience, community involvement, interests, and other activities.**

**Paragraph Text**

My family and I have lived and worked in Marion County for over 25 years. I have owned and worked in businesses and understand the complexities of a growing county and how it affects the residents and the businesses. I have participated in the Springs Protection Advisory Committee several years ago and since I am only working a few days a week, I have the time to devote to this County for the purpose of working with Marion County to move forward in practical and positive direction as it grows.

Do you serve on any other boards or commissions in Florida?

No

Are you an elected or appointed state, county, or city office holder?

No

**If yes, which board(s) or commission(s)?**

**\*\*SKIPPED\*\***

You may not serve on more than one substantive board: Board of Adjustment; Code Enforcement Board; License Review Board; Land Development Regulation Commission; Historical Commission; Hospital District Board of Trustees; Housing Finance Authority; Industrial Development Authority; Tourist Development Council; Parks & Recreation Advisory Council.

Have you ever served on a city or county advisory board?

Yes

**If yes, when, where, and which board(s) or commission(s)?**

Spring Protection Advisory Committee

# Advisory Board Application

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## Applicant references

Please provide three personal and/or business references relevant to this application, excluding county commissioners and county administration personnel.

1. Full name  
David Tillman

1. Address  
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1. Phone  
[Redacted]

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2. Full name  
Scott Homan

2. Address  
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2. Phone  
[Redacted]

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3. Full name  
Stan McClain

3. Address  
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3. Phone  
[Redacted]

## Advisory Board Application

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### Experience/Qualifications

**Present/Previous employment relating to this advisory board:**

At this time, I am managing the development of a turf farm in Osceola County and I consult with several large turf operations in the State of Florida. I

**Present/Previous volunteer experience relating to this advisory board:**

I volunteer with the Redeemer Community Church in Ocala to meet whatever needs are necessary. I also volunteer with the Community Awareness Committee of the Ocala/Marion County Realtors Association to add a deck on the H.O.M.E (Foster Care Home) and have worked with them to provide a small Mobile to the Vets Helping Vets Association.

**Special qualifications**

I have managed and consulted businesses in Florida. I am a founding member of the Turfgrass Producers Association and have served as President and Board Member as well as being the Southeastern Representative of the International Turf Producers Association.

**How much time do you have monthly to prepare for and attend board meetings?**

4 days

**List all county and city boards (Marion County or elsewhere) on which you have previously served (include dates of service).**

Advisory Board in Marion County

## Advisory Board Application

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### Submission requirements

I authorize representative(s) of Marion County to contact my references, and I understand that all statements made on this application may be verified by Marion County, including background checks.

In addition, I understand that any misstatements or material omissions on my application may result in my removal from my appointed position.

I have reviewed the responsibilities associated with volunteering on this advisory board and am prepared to allot adequate time to fully participate and serve on this board.

I agree to attend at least one advisory board seminar within six months from the date of my appointment to an advisory board.

By typing my name into this online application, I accept it as my digital signature.

\* Submission acknowledgement and understanding requirement

I have read the above submission requirements and understand them.

\* This form was completed by:

DONALD EDWIN E. Johnson

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