Marion County Board of County	Commissioners A	application for I	Appointment to	Advisory Board
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Contact Information

* Name of Board

Hills of Ocala

* Full Name Jeffrey T. Hart

* Email

jthart008@yahoo.com

- * Full Address 10240 SW 134th Court Dunnellon FL 34432
- * Primary Phone (727) 415-5665

Work Phone **SKIPPED**

Marion County Board of County Commissioners Application for Appointment to Advisory Board

Occupation

Business Name

retired

Full Address
SKIPPED

Occupation

SKIPPED

Previous Occupation

Realtor

* Registered Voter

* Have you ever been convicted of a felony? No

MARION COUNTY BCC
JUN 0 6 2024

Marion County Board of County Commissioners Application for Appointment to Advisory Board References 1. Full Name Peter Hodges 1. Full Address Marion County Representative 1. Phone (352) 438-2654 2. Full Name Karen Brenay 2. Full Address Board Member- Vice Chair 2. Phone (352) 875-8364 3. Full Name Valerie Winke 3. Full Address Board Member- Chair

3. Phone (352) 465-7830

Marion County Board of County Commissioners Application for Appointment to Advisory Board

Experience/Qualifications

Present/Previous employment relating to this advisory board:

Currently on this advisory board

Present/Previous volunteer experience relating to this advisory board:

Currently on a board for a rental property. Previously on many other HOA and COA boards

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

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

Just this board

Marion County Board of County Commissioners Application for Appointment to Advisory Board

Submission

I authorize 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.

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

The applicant agrees to attend at least one (1) advisory board seminar within six (6) months from the date of his or her appointment.

- * Check Box List
- I have read and understand the submission requirements.
- * Digital Signature Jeffrey T. Hart