

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

Contact Information

*** Name of Board**

Rolling Hills of Ocala

*** Full Name**

Lorraine Morales

*** Email**

LsmoraLespl@comcast.net

*** Full Address**

10122 SW 136th Terrace
Dunnellon FL 34432

*** Primary Phone**

(954) 937-3614

Work Phone

SKIPPED

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

Occupation

Business Name

SKIPPED

Full Address

SKIPPED

Occupation

Homemaker

Previous Occupation

Office Administrator

*** Registered Voter**

Yes

*** Have you ever been convicted of a felony?**

No

MARION COUNTY BCC

AUG 12 2024

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

References

1. Full Name
Nancy Pagano

1. Full Address
10101 SW 136th Terrace
Dunnellon FL 34432

1. Phone
(954) 445-7540

2. Full Name
Darlene Hauskins

2. Full Address
10175 SW 101 Street
Dunnellon FL 34432

2. Phone
(954) 816-9756

3. Full Name
Evelyn Moyer

3. Full Address
5710 SW 134th Terr
Ocala FL 34481

3. Phone
(321) 506-0362

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

Experience/Qualifications

Present/Previous employment relating to this advisory board:

SKIPPED

Present/Previous volunteer experience relating to this advisory board:

My present volunteer experience with this advisory board has been an active attendee to the Quarterly Meetings.

Special Qualifications

Previous experience being on a Board of an HOA. Fourteen years of Property Management with in house Board Members Three years of Real Estate office administrator

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

Flexible and able to attend the Quarterly Meetings

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

Lake Colony Community Board in Broward County

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

Lorraine Morales

MARION COUNTY BCC

AUG 12 2024