MAY 2 1 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.

Date completed

05/21/2025 12:00 AM

* Name of advisory board

Rainbow Lakes Estates Advisory Board

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.

- * Full name Stephen Mark, Stritzinger
- * Physical address of primary residence

* Primary phone (813) 451-6952

Work Phone (352) 286-0959

* Email

Sstritzinger@gmail.com

Preferred method of contact Phone

Advisory Board Application

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?

Do you own homesteaded property in Marion County?

* 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)?

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.

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 Prefer not to answer

Race White

Employment

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

Business name

United States military

Business physical address 22372 sw nectarine In Dunnellon Fl 34431

Occupation/Business type

Retired

Previous occupation/business type

Military

Are you employed with our organization?

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

SKIPPED

Do you have relatives employed by our organization?

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

SKIPPED

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

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?

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.

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

Paragraph Text

To better serve this/ my community.

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

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

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?

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

Advisory Board Application
Applicant references
Please provide three personal and/or business references relevant to this application, excluding county commissioners and county administration personnel.
1. Full name Julie Mancini
1. Address *****
1. Phone
2. Full name Richard Corcoran
2. Address ****
2. Phone
3. Full name Sandy Hiene
3. Address *****
3. Phone

Experience/Qualifications

Present/Previous employment relating to this advisory board:

Previously on Rainbow Lakes Estates Advisory Board

Present/Previous volunteer experience relating to this advisory board:

Previously on the Rainbow Lakes Estates Advisory Board

Special qualifications

Organization, and getting things done

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

40 hrs

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

Rainbow lakes estates

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: Stephen Mark, Stritzinger