



CITY OF POMPANO BEACH
ADVISORY BOARD / COMMITTEE
APPLICATION

CITY OF POMPANO BEACH
OFFICE OF THE CITY CLERK

City Clerk's Office Phone: 954-786-4611 Fax: 954-786-4095
P. O. Drawer 1300, Pompano Beach, FL 33061
www.pompanobeachfl.gov

2022 AUG -8 AM 7:53

Mr. Mrs. Ms. Miss Name: LISA NOTHARDT

Residence Information:

Home Address: 129 SW 3rd ST
City/State/Zip: Pompano Beach, FL 33060
Home Phone: Cell Phone: 954.773-1700
Email: lisahairsolution@gmail.com

Business Information:

Employer/Business Name: SELF Employed
Current Position / Occupation:
Business Address:
City/State/Zip:
Business Phone: Fax: Email:

Are you a U.S. Citizen? Yes No
Are you a resident of Pompano Beach? Yes No Reside in District: 1 2 3 x 4 5
Do you own real property in Pompano Beach? Yes No
Are you a registered voter? Yes No
Have you ever been convicted of a felony? Yes No
Current or prior service on governmental boards and/or committees:

Please check the first box next to the Advisory Boards/Committees you would like to serve on:

Table with 3 columns: Affordable Housing, Education, Parks and Recreation. Rows include Air Park, Architectural Appearance, Charter Amendment, Community Appearance, \*Community Development, CRA East, CRA West, Cultural Arts, and \*Housing Authority of Pompano Beach.

\*Financial Disclosure Form is required, if appointed to serve, upon appointment and upon resignation/retirement.

In addition a Resume may be attached

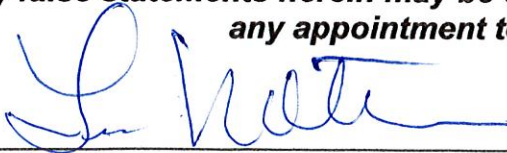
Education: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Past Positions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Making any false statements herein may be cause for revocation by the City Commission of any appointment to a Board/Committee.**

Signature:  \_\_\_\_\_

Date: 8.2-2022

Initials of Clerk or Deputy: \_\_\_\_\_

Date received or confirmed: \_\_\_\_\_

Please check one:  New Application  Currently Serving on Board  Updated Information

Note: Application is effective for one year from date of completion. If you have any questions on the above, please call the City Clerk's Office at: 954-786-4611, or send via fax to: 954-786-4095.



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P. O. Drawer 1300, Pompano Beach, FL 33061
www.mypompanobeach.org

Mr. Mrs. Ms. Miss Name: Anne Ward

(Optional)

Residence Information:

Home Address: 1280 SW 4th terrace
City/State/Zip: Pompano Beach, FL 33060
Home Phone: Cell: 754-422-9292

Cell

Phone:

Email: annecward90@yahoo.com

Fax:

Business Information:

Employer/Business Name: South Florida Surgical Specialists / Youngs Power Center
Current Position / Occupation: administrative assistant
Business Address: 6405 N. Fed Hwy Suite 100 Ft Lauderdale FL 33308
City/State/Zip: 5059 NE 13th Ave Oakland Park FL 33334
Business Phone: 9-771-1911 Fax: 9-292-1002 Email: info@ghadiatsurgery.com

Are you a U.S. Citizen? Yes No

Are you a resident of Pompano Beach? Yes No

Reside in District: 1 2 3 4

5

Do you own real property in Pompano Beach? Yes No

Are you a registered voter? Yes No

Have you ever been convicted of a felony? Yes No

Current or prior service on governmental boards and/or committees: None

Please check the first box next to the Advisory Boards/Committees you would like to serve on:

Table with 3 columns: Affordable Housing, Education, Parks and Recreation. Rows include Air Park, Architectural Appearance, Charter Amendment, Community Appearance, \*Community Development, CRA East, CRA West, and various committees like Planning & Zoning, Police & Firefighter's Retirement System, etc.

	Beach	
	Nuisance Abatement Board	Local Complete Count (Census)
*Financial Disclosure Form is required, if appointed to serve, upon appointment and upon resignation/retirement.		

In addition a Resume may be attached

Education: Cardinal Gibbons High School, Ft. Laud., FL 4.3 GPA, 5/2000

Broward College, Coconut Creek, FL: June 2012

- AAS Medical office, TC office management, TC office support, TC office specialist, TC Medical off. management

Experience: excellent organizational skills

efficient & reliable, problem resolution ability,

capable of prioritizing & multi-tasking

Past Positions: administrative assistant, veterinary

assistant, have run a surgeon's office

while the manager was on maternity leave

Hobbies: horseback riding & boating

have ridden at Sand and Spurs since 1998

and have owned a horse there since 9/2012 &

currently own 2 horses there

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Signature: \_\_\_\_\_ Date: Anne C Ward 8/23/22

Initials of Clerk or Deputy: \_\_\_\_\_ Date received or confirmed: \_\_\_\_\_

Please check one:  New Application  Currently Serving on Board  Updated Information



## CITY OF POMPANO BEACH ADVISORY BOARD / COMMITTEE APPLICATION

**City Clerk's Office Phone: 954-786-4611 Fax: 954-786-4095**  
**P. O. Drawer 1300, Pompano Beach, FL 33061**  
**www.pompanobeachfl.gov**

Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Miss \_\_\_ **Name:** \_\_\_\_\_  
 (Optional)

**Residence Information:**

Home Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Business Information:**

Employer/Business Name: \_\_\_\_\_  
 Current Position / Occupation: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a U.S. Citizen? Yes \_\_\_ No \_\_\_

Are you a resident of Pompano Beach? Yes \_\_\_ No \_\_\_ Reside in District: 1\_\_ 2\_\_ 3\_\_ 4\_\_ 5\_\_

Do you own real property in Pompano Beach? Yes \_\_\_ No \_\_\_

Are you a registered voter? Yes \_\_\_ No \_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_

Current or prior service on governmental boards and/or committees: \_\_\_\_\_

**Please check the first box next to the Advisory Boards/Committees you would like to serve on:**

<input type="checkbox"/>	Affordable Housing	<input type="checkbox"/>	Education	<input type="checkbox"/>	Parks and Recreation
<input type="checkbox"/>	Air Park	<input type="checkbox"/>		<input type="checkbox"/>	*Planning & Zoning/Local Planning Agency
<input type="checkbox"/>	Architectural Appearance	<input type="checkbox"/>	Emergency Medical Services	<input type="checkbox"/>	*Police & Firefighter's Retirement System
<input type="checkbox"/>	Charter Amendment	<input type="checkbox"/>	*Employee's Board of Appeals	<input type="checkbox"/>	Pompano Beach Economic Development Council
<input type="checkbox"/>	Community Appearance	<input type="checkbox"/>	Employee's Health Insurance	<input type="checkbox"/>	Public Art Committee
<input type="checkbox"/>	*Community Development	<input type="checkbox"/>	*General Employee's Retirement System	<input type="checkbox"/>	Recycling & Solid Waste
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Sand & Spurs Riding Stables
<input type="checkbox"/>	CRA East	<input type="checkbox"/>	Golf Advisory Board	<input type="checkbox"/>	Marine
<input type="checkbox"/>	CRA West	<input type="checkbox"/>	Hillsboro Inlet District	<input type="checkbox"/>	Nuisance Abatement Board
<input type="checkbox"/>	Cultural Arts	<input type="checkbox"/>	Historic Preservation	<input type="checkbox"/>	*Unsafe Structures
<input type="checkbox"/>		<input type="checkbox"/>	*Housing Authority of Pompano Beach	<input type="checkbox"/>	*Zoning Board of Appeals

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In addition a Resume may be attached

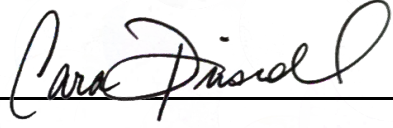
Education: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Past Positions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Signature: \_\_\_\_\_ 

Date: \_\_\_\_\_

Initials of Clerk or Deputy: \_\_\_\_\_

Date received or confirmed: \_\_\_\_\_

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CITY OF POMPANO BEACH  
OFFICE OF THE CITY CLERK  
2022 DEC 15 AM 11:00

City Clerk's Office Phone: 954-786-4611 Fax: 954-786-4095  
P. O. Drawer 1300, Pompano Beach, FL 33061  
www.mypompanobeach.org

Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Miss \_\_\_ Name: LYNNE MITCHEM  
(Optional)

**Residence Information:**

Home Address: 491 SE 1st TERRACE  
City/State/Zip: POMPANO BEACH, FL 33060  
Home Phone: \_\_\_\_\_ Cell Phone: 954 682 9068  
Email: CRZYWTR.LM@GMAIL.COM Fax: \_\_\_\_\_

**Business Information:**

Employer/Business Name: BUEWATER MOVEMENTS INC  
Current Position / Occupation: ADMINISTRATION  
Business Address: 120 SE 2 ST  
City/State/Zip: DEERFIELD BEACH FL 33441  
Business Phone: 954-725-4010 Fax: \_\_\_\_\_ Email: ADMIN@BUEWATERMOVEMENTS.COM

Are you a U.S. Citizen? Yes  No   
Are you a resident of Pompano Beach? Yes  No  Reside in District: 1 \_\_\_ 2 \_\_\_ 3  4 \_\_\_ 5 \_\_\_  
Do you own real property in Pompano Beach? Yes  No   
Are you a registered voter? Yes  No   
Have you ever been convicted of a felony? Yes \_\_\_ No   
Current or prior service on governmental boards and/or committees: NONE

**Please check the first box next to the Advisory Boards/Committees you would like to serve on:**

<input type="checkbox"/>	Affordable Housing	<input type="checkbox"/>	Education	<input type="checkbox"/>	Parks and Recreation
<input type="checkbox"/>	Air Park	<input type="checkbox"/>		<input type="checkbox"/>	*Planning & Zoning/Local Planning Agency
<input type="checkbox"/>	Architectural Appearance	<input type="checkbox"/>	Emergency Medical Services	<input type="checkbox"/>	*Police & Firefighter's Retirement System
<input type="checkbox"/>	Charter Amendment	<input type="checkbox"/>	*Employee's Board of Appeals	<input type="checkbox"/>	Pompano Beach Economic Development Council
<input type="checkbox"/>	Community Appearance	<input type="checkbox"/>	Employee's Health Insurance	<input type="checkbox"/>	Public Art Committee
<input type="checkbox"/>	*Community Development	<input type="checkbox"/>	*General Employee's Retirement System	<input type="checkbox"/>	Recycling & Solid Waste
<input type="checkbox"/>	CRA East	<input type="checkbox"/>	Golf Advisory Board	<input checked="" type="checkbox"/>	Sand & Spurs Riding Stables
<input type="checkbox"/>	CRA West	<input type="checkbox"/>	Historic Preservation	<input checked="" type="checkbox"/>	Marine
<input type="checkbox"/>	Cultural Arts	<input type="checkbox"/>	*Housing Authority of Pompano Beach	<input type="checkbox"/>	*Unsafe Structures
<input type="checkbox"/>		<input type="checkbox"/>	Nuisance Abatement Board	<input type="checkbox"/>	<b>Local Complete Count</b> (Census)

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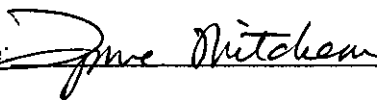
Education: AA FROM MIAMI DADE COMMUNITY COLLEGE  
SOME CLASSES @ FAU

Experience: NO CITY/BOARD EXPERIENCE VOLUNTEER @ RIDING STABLE  
AT TRADEWINDS PARK 4+ YEARS ALSO VOLUNTEERED AND NOW  
WORK FOR FISHING TOURNAMENT COMPANY 25+ YEARS

Past Positions: NONE

Hobbies: FISHING, HORSES

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Signature:  Date: 12/5/22

Initials of Clerk or Deputy: \_\_\_\_\_ Date received or confirmed: \_\_\_\_\_

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