



**CITY OF POMPANO BEACH
ADVISORY BOARD / COMMITTEE
APPLICATION**

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

Mr. X Mrs. ___ Ms. ___ Miss ___ Name: PREDRAG PATRICK JOVANOVIĆ
(Optional)

Residence Information:

Home Address: 411 N.E. 18th AVENUE
City/State/Zip: POMPANO BEACH FL 33060
Home Phone: 954.785.6100 Cell Phone: 954.240.8334
Email: FLPATRICK@YAHOO.COM Fax: _____

Business Information:

Employer/Business Name: FLORIDA ATLANTIC UNIV. OFFICE OF EXECUTIVE PROG.
Current Position / Occupation: STUDENT - PROJECT MANAGEMENT
Business Address: 777 GULF BLVD. BLDG. 93, SUITE 201
City/State/Zip: BOCA RATON FL 33431
Business Phone: 954.297.2179 Fax: _____ Email: _____
FAU EXECUTIVE PROGRAMS.COM

Are you a U.S. Citizen? Yes X No ___

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

Do you own real property in Pompano Beach? Yes X No ___ COMM. REX HARDIN

Are you a registered voter? Yes X No ___

Have you ever been convicted of a felony? Yes ___ No X

Current or prior service on governmental boards and/or committees: POMPANO F.D. CERT

Please make a check next to the Advisory Boards/Committees you would like to serve on:

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

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

In addition a Resume may be attached

Education: POMPANO BEACH SR. HIGH SCHOOL 1977
FLORIDA ATLANTIC UNIV. BBA 1982
FLORIDA INTL. UNIV. GRAD. COURSES 1983

Experience: MANAGEMENT, AUTOMOTIVE, CONSTRUCTION,
TOURISM,

Past Positions: _____

Hobbies: INTERESTS: CHILDRENS SPORTS, CHILDRENS ISSUES,
POMPANO F.D. CERT, ECONOMIC DEVELOPMENT

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

Signature: 

Date: 26 JAN 2011

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.



No Response
1-26-11

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Phone No.: (954) 786-4611

IN ORDER TO ASSIST THE CITY COMMISSION IN MAKING MUNICIPAL BOARD AND COMMITTEE APPOINTMENTS, THE FOLLOWING INFORMATION IS REQUESTED:

NAME OF BOARD/COMMITTEE: Community Development

NAME OF APPLICANT: Emma Ellington

RESIDENCY ADDRESS: 137 NW 15th St

ZIP CODE: 33060 HOME PHONE NO.: 954 781 8537

MAILING ADDRESS: 137 NW 15th St

CITY/STATE/ZIP CODE: Pompano B. Fla 33060

ARE YOU A CITY RESIDENT? YES: ☒ NO: ☐

IF YES, PLEASE INDICATE DISTRICT YOU RESIDE IN: 1: ☐ 2: ☐ 3: ☐ 4: ☒ 5: ☐

DO YOU OWN REAL PROPERTY IN POMPANO BEACH? YES: ☒ NO: ☐

ARE YOU A REGISTERED VOTER? YES: ☒ NO: ☐

BUSINESS OR OCCUPATION: Retired Nurse And Educator

BUSINESS ADDRESS: Property owner
137 NW 15th St

CITY/STATE: Pompano B. Florida

ZIP CODE: 33060 BUSINESS PHONE NO. 954 781 8537

ARE YOU PRESENTLY SERVING ON ANY OTHER CITY BOARD OR COMMITTEE? No

IF YES, PLEASE LIST NAME: _____

WOULD YOU CONSIDER SERVING ON ANY OTHER CITY BOARD OR COMMITTEE? yes

IF YES, PLEASE LIST NAME:

Zoning
Budget

Fire Rescue (EMS)

HAVE YOU EVER SERVED ON A CITY OF POMPANO BEACH BOARD/COMMITTEE? NO

IF YES, PLEASE STATE NAME OF BOARD OR COMMITTEE: _____

PLEASE LIST THE FOLLOWING BACKGROUND INFORMATION WHICH WOULD QUALIFY YOU TO SERVE ON THIS BOARD OR COMMITTEE:

EDUCATION:

High School Diploma, Licensed Nurse,
Land Lord, Case Manager, Degree in Education

EXPERIENCE:

Working with the Elderly, Section
Homeless,

CURRENT POSITION:

(Retired) Consultant for
the Homeless

PAST POSITIONS:

Teacher, Counselor, Nurse, Case Manager

HOBBIES:

Sewing, dancing, Lecturing

MAKING ANY FALSE STATEMENTS HEREIN MAY BE CAUSE FOR REMOVAL BY THE CITY COMMISSION:

SIGNATURE OF APPLICANT

INITIALS OF CLERK OR DEPUTY

DATE OF APPLICATION

DATE RECEIVED OR CONFIRMED

NOTE: IF YOU DO NOT WISH TO SERVE ON THIS BOARD OR COMMITTEE, PLEASE EITHER CHECK HERE _____ AND RETURN TO CITY CLERK, OR NOTIFY THE CITY CLERK'S OFFICE IN WRITING OF YOUR DESIRE NOT TO SERVE.

THIS SECTION MUST BE COMPLETED BY THE ADVISORY BOARD SECRETARY ONLY

NUMBER OF MEETINGS HELD: _____ NUMBER OF MEETINGS ATTENDED: _____