



**APPLICATION TO SERVE ON A
CHARLOTTE COUNTY ADVISORY BOARD**

New Applicant **Re-Appointment**

INCOMPLETE APPLICATIONS WILL BE RETURNED

Mr/Mrs/Ms:			
Name:	Last	First	Middle Initial
		Davidson John M	
Residence Address:			
	13373 Carousel Drive		
Street	City	Zip Code	
	Punta Gorda FL	33955	
Mailing Address:			
	same		
Street	City	Zip Code	
Phone No.	941.628.2741	941.575.5790	
	Home	Business	
FAX:			
E-Mail Address: John@CrossroadsPG.org			

I hereby submit my name for consideration to serve in an advisory capacity to the Board of Charlotte County Commissioners on the following Advisory Board:

Parks and Recreation

Name of Advisory Board

If applying for a specific category/position, please so state: _____

Occupation: **Executive Director -Non Profit**

If currently retired, previous occupation: _____

Civic/Professional Accomplishments/Offices Held:

Marine Advisory Committee Charlotte County: 2015-2018, Charlotte County Charter Review Committee: 2015-2016

Beaches and Shores Committee Charlotte County: 2017-2018, Board of Zoning Appeals Charlotte County: 2023

**APPLICATION TO SERVE ON A
CHARLOTTE COUNTY ADVISORY BOARD – CONTINUED**

My qualifications to be eligible are as follows:

Resident of Charlotte County since 2010, served on multiple county committees.

If applicable, please indicate any employment, contractual relationship or status that you may have, or have had within the past 12 months, with any private business entity that rents, leases or sells any realty, or provides any goods or services to the County or that is conducting any business with the County.

None

Is this application for a new appointment? Yes No

If yes, please indicate what you would like to accomplish if you are appointed to this Board:

I would like to help give guidance to the direction of parks and recreation for the betterment of Charlotte County.

Is this application for a re-appointment? Yes No

➤ **If yes, please indicate what your accomplishments have been while serving on this Board:**

➤ **If “Yes”, please indicate what you would like to accomplish during this term:**

If you have previously served on a Charlotte County Advisory Board or are currently serving and seeking reappointment, please indicate the number and general nature of any voting conflict disclosure memorandum filed (Form 8B) while serving on the board:

none

Have you ever worked for the Charlotte County Board of County Commissioners? Yes No

➤ **If “Yes”, please list position, department, start and end date:** _____

Do you have any relatives currently working for the Charlotte County Board of County Commissioners? Yes No

➤ **If “Yes”, please list name(s) and department(s):** _____

Are you a full-time Charlotte County Resident? Yes No

Have you ever been convicted of a Felony or Misdemeanor? (Please be sure you understand the question, as failure to answer truthfully will disqualify you). Yes No

> If "Yes", please explain: _____

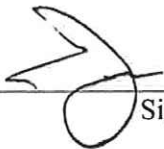
Have you ever pled NO LO CONTENDRE or pled guilty to a crime which is a Felony or a Misdemeanor? (Please be sure you understand the question, as failure to answer truthfully will disqualify you). Yes No

> If "Yes", please explain: _____

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- 1.) All of the Boards and Committees appointed by the Board of County Commissioners are required to comply with the Sunshine Law FS 286.011 and some of the Boards and Committees appointed by the Board of County Commissioners are required to comply with Chapter 112, Florida Statutes, the Financial Disclosure Law. You may be required to file a Form 1 Financial Disclosure. You will be provided with more information upon appointment.
- 2.) Charlotte County, an equal opportunity/affirmative action employer, considers the selection and appointment of persons to advisory boards in a non-discriminatory manner consistent with the requirements of Federal, State and Local non-discrimination laws.
- 3.) The Board of County Commissioners request that you attend the Commission meeting at which your application will be considered for appointment. This office will notify you of the Commission meeting date.
- 4.) Members who fail to regularly attend meetings may automatically forfeit their appointment.

By signing this application, you acknowledge that you have read and understand the previous statements.



Signature

6/10/2026

Date

A résumé or list of qualifications and experience is required but cannot replace this application form.

PLEASE RETURN THIS COMPLETED FORM TO:

Charlotte County Board of County Commissioners
Attn: Nina
18500 Murdock Circle, Ste. 536
Port Charlotte, FL 33948

OR EMAIL TO:

janina.stamoulis@CharlotteCountyFL.gov