APPLICATION TO SERVE ON A CHARLOTTE COUNTY ADVISORY BOARD

☐ New Applicant ■ Re-Appointment

INCOMPLETE APPLICATIONS WILL BE RETURNED

Mr/Mrs/Ms: Mr			
Name:	**Last**	**First**	**Middle Initial**
	Haynes, David B		
Residence Address:			
Street	**City**	**Zip Code**	
	13583 Commonwealth Ave. Port Charlotte, FL 33981		
Mailing Address:			
	Same		
Street	**City**	**Zip Code**	
Phone No. 941-270-1325 (M)	941-697-9797 (W)		
	Home	**Business**	
FAX:			
E-Mail Address: David@TarponRealEstate.com			

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:

Charlotte County Tourist Development

Name of Advisory Board

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

Occupation: Real Estate Broker / Vacation Rental Business owner

If currently retired, previous occupation: _____

Civic/Professional Accomplishments/Offices Held:

Lic. Real Estate Broker, Licensed Vacation Rental Business owner, President- Little Gasparilla HOA- 7 years

FL Restaurant / Lodging and Englewood Board of Realtors- Board Member / Govt. Affairs director

Founder / owner- Beach Homes for the Brave (501c3)

Form revised on Wednesday, May 02, 2018

APPLICATION TO SERVE ON A CHARLOTTE COUNTY ADVISORY BOARD – CONTINUED

My qualifications to be eligible are as follows:

I have been a resident of Charlotte County since 2002 and have owned and operated a vacation rental business based in West County since 2002 as well. I also have owned a real estate brokerage since 2005 and have been active in promoting Tourism in Charlotte County during this time.

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.

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:

Is this application for a re-appointment? ■ **Yes** ☐ **No**

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

I have attended all but 1 meeting since my appointment in 2017. I only missed that meeting due to heart surgery the previous day. I was recently appointed the Vice-Chairman of the TDC and appreciate all of the opportunities to engage in discussions to further advance Tourism and responsible growth in Charlotte County. I actively reach out to our community for feedback and to provide guidance on Tourism issues.

- **If "Yes", please indicate what you would like to accomplish during this term:**

I would like to continue to volunteer my time to help advance Tourism in Charlotte County and offer my experience in the vacation rental business to help Charlotte County navigate the changes in our area and the Tourism industry in general.

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**

Form revised on Wednesday, May 02, 2018

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:** _____

APPLICATION TO SERVE ON A CHARLOTTE COUNTY ADVISORY BOARD – CONTINUED

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

9/4/25 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: Executive Assistants
18500 Murdock Circle
Port Charlotte, FL 33948

OR EMAIL TO:

Assistant@CharlotteCountyFL.gov

Form revised on Wednesday, May 02, 2018

CHARLOTTE COUNTY VOLUNTEER
PROFILE SHEET

NAME OF ADVISORY BOARD: *(Circle One)* BZA CILB IDA P&Z (TDC)

VOLUNTEER NAME: Haynes (LAST) David (FIRST) B (MIDDLE INITIAL)

RESIDENCE ADDRESSS:
13583 Commonwealth Ave
STREET
Port Charlotte FL 33981
CITY STATE ZIP

MAILING ADDRESS:
STREET
CITY STATE ZIP

FULL TIME RESIDENT OF CHARLOTTE COUNTY: YES NO **NUMBER OF YEARS:** 23

EMAIL ADDRESS: David@TarponRealEstate.com

PHONE NUMBER: 941-697-9797 **CELL NUMBER:** 941-270-1325

OCCUPATION: Real Estate Broker / Vacation Rental Business Owner

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PURSUANT TO FLORIDA STATUTES, SECTION 760.80 WE ARE REQUIRED TO REPORT THE FOLLOWING:

RACE:

AFRICAN-AMERICAN
ASIAN-AMERICAN
HISPANIC-AMERICAN
NATIVE-AMERICAN
CAUCASION x

GENDER: (MALE) FEMALE

PHYSICALLY DISABLED: YES (NO)

PLEASE RETURN THE COMPLETED FORM TO:

CHARLOTTE COUNTY BOARD OF COUNTY COMMISSIONERS
18500 MURDOCK CIRCLE, SUITE 536
PORT CHARLOTTE, FL 33948
941-743-1300
FAX: 941-743-1310
EMAIL: ASSISTANT@CHARLOTTECOUNTYFL.GOV