**NOMINATION APPLICATION FORM FOR**

# **THE SOA BOARD OF DIRECTORS – CLASS “A” SEAT**

The SOA Class A (Residential) Nominating Committee is accepting applications for the upcoming Board of Directors election to fill two Class A seats as Melissa Cocks and Gregg Pierce complete their terms on October 31, 2025. If interested in running for the Board, please complete the Nomination Application and submit it to the SOA office no later than 5 p.m. (Central Time) on Monday, June 30, 2025. The election will take place at the Advisory Board Meeting on October 3, 2025 and the candidate elects will take their seat on November 1, 2025. Applications can be emailed to [soa@soaowners.com](mailto:soa@soaowners.com), faxed to (850) 424-5963, or dropped off at the office during business hours, Monday-Friday, 8 a.m. to 5 p.m. (Closed daily 11:30-12:30)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | |  | | | | | | Phone: | |  | | |
| Address: | | |  | | | | | | Email: | |  | | |
| Neighborhood Name: | | | |  | | | | | | | | | |
| Owner: |  | Spouse: | |  | Trustee: |  | Partner: |  | | Other: | |  |  |

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| --- | --- | --- | --- |
| Are you a full time resident? |  | Part time? |  |

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**Section A**

Please list any SOA Committees on which you currently or have served in the past.

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| --- | --- | --- | --- |
| Committee Name: |  | | |
| Date Term Began: |  | Date Term Ends: |  |

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| --- | --- | --- | --- |
| Committee Name: |  | | |
| Date Term Began: |  | Date Term Ends: |  |

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| --- | --- | --- | --- |
| Committee Name: |  | | |
| Date Term Began: |  | Date Term Ends: |  |

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**Section B**

Please list Boards you are currently serving on or have recently served on. (Past 5 years – locally & nationally)

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| --- | --- | --- | --- |
| Board Name: |  | Position Held: |  |
| Date Term Began: |  | Date Term Ends: |  |

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| --- | --- | --- | --- |
| Board Name: |  | Position Held: |  |
| Date Term Began: |  | Date Term Ends: |  |

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**Section C**

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| --- | --- | --- | --- | --- |
| 1. Are you currently involved in any type of Community volunteer work? | Yes: |  | No: |  |
| If yes, please explain: | | | | |
|  | | | | |

2. Please list the reason(s) you are interested in serving on the Board.

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**\*\*\*If additional space is needed, please use the bottom of page 2\*\*\*Board of Directors Nomination Form**

**Page 2**

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| 3. In your opinion what is the role or responsibility of the Board of Directors? |
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| 4. What do you consider the major challenges facing the SOA? |
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| 5. What talents or qualifications do you have that will be of use if you are elected to the SOA Board? |
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| 6. How many hours per month are you willing to commit to Board and Committee work or special meetings? |  |

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| --- | --- | --- | --- | --- | --- |
| 7. Will you be available to attend all Board meetings and willing to accept Committee assignment(s)? | | Yes |  | No |  |
| If not, what months will you not be available? |  | | | | |

8. What is your vision over the next three years for your term as a Board member?

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Additional Space – Please indicate which question you are answering below.

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| Signature of Applicant: |  | Date: |  |

June 2025