Contact Information:

Name:

Cynthia Lloyd

Home Address: 239 NE 7th Avenue Delray Beach FL 33483

Cell Phone: (314) 398-4973

Email:

mawhiggins@gmail.com

Occupation:

Retired: Not for Profit Executive and Founder

Business Name:

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Business Address: **SKIPPED**

NOTE: Your responses or disclosures are public records intended to assist the City Commission in considering an applicant for appointment/re-appointment to a City board or committee and will not result in the automatic disqualification. Complete and accurate responses should be provided.

QUALIFICATIONS – Please select all that apply:

Are you a Delray Beach resident?

Yes

If yes, how long have you been a resident of the City of Delray Beach?

5 Years

Do you own a business, or are you an officer, director, or manager of a business in Delray Beach? No

If yes, how long?

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Do you own property in Delray Beach?

Yes

If yes, please explain:

Home

Are you a registered FL voter?

Yes

Are you a vendor or employed by a vendor that does business with the city?

No

If yes, please explain:

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Are you a lobbyist or employed by a lobbyist, as defined in the Palm Beach County Registration Ordinance?

If yes, please explain:

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Have you attended any Delray Beach Commission or Advisory Board Meetings?

Yes

If ves, please list which meetings:

A variety including SPRAB, Planning and Zoning, along with full City Commission meetings, over the last 18 months..

Do you (or any entity in which you have a controlling interest) have any pending code enforcement cases or unpaid, certified code enforcement fines relating to property in the city that is owned or rented by you (or any entity in which you have a controlling interest)?

Do you (or any entity in which you have a controlling interest) have any delinquent accounts with the City or owe any monies to the City?

If yes, please explain:

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Have you ever been found to have violated, or had a complaint filed against you alleging a violation of the Florida Code of Ethics for public officers and employees, Palm Beach County Code of Ethics (or any other ethics code)?

If yes, please explain:

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Have you ever had any complaint(s) or action(s) filed against your State certification or license?

If yes, please explain:

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INTERESTS & EXPERIENCES

Briefly describe why you wish to serve as a member of the 2035 Vision Steering Committee and how your personal experience and background relate: We moved to this Village by the Sea 5 years ago. We put our St Louis house on the market, so this is our forever home. I know, first hand, the value of serving the community. Insuring our great city has: a personality that separates it from others, an eye to economic development that enhances the city, while keeping that character, a finger on the pulse of constituents needs/wants These things bring together people for the best goals and visions going forward.

EDUCATIONAL BACKGROUND:

4 years higher education, along with executive professional development

University(s) attended:

Northeastern Unviverstiy, Fashion Institute of Design & Merchandising, University of Pennsylvania

Degree(s) received:

Associate Merchandising and Marketing

Major area of study:

Political Science, Marketing, Social Impact, Digital Media

Upload your resume:

Cynthia Lloyd Resume July 2025.docx

Terms Of Acceptance

Applications are kept on file in the City Clerk's Office for a period of two years.

Applicants may supplement their application with a resume or other information relevant to their qualifications.

DECLARATION OF PERSONAL INFORMATION EXEMPTION:

Personal information provided in this application is public information unless the applicant qualifies for an exemption pursuant to Florida Statutes. You are encouraged to thoroughly read the applicable sub-sections of F.S. 119.0 71 (http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&URL=0100-0199/0119/Sections/0119.071.html).

If you qualify for an exemption, please indicate below which statutory provision you are citing for the exemption. If you qualify, your address and phone number are protected information.

My address and telephone number are statutorily exempt from public disclosure:

If yes, pursuant to which sub-section of F.S. 119.071?

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Please agree with the following statement: I understand the duties and responsibilities of the committee for which I am applying. By signing below, I warrant the truthfulness and accuracy of the information provided in this application.

I Agree

E-Signature of Applicant: Cynthia Lloyd

Date:

07/28/2025

Please agree with the following statement: I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

I acknowledge and agree