

APPLICATION FOR APPOINTMENT TO VACANT CITY COMMISSION SEAT

Vacant Seat: Mayor Commissioner – District 5

Date Submitted: Nov. 25, 2025

1. APPLICANT INFORMATION

Full Legal Name: MARGARET ARLEEN ROMERO

Residential Address (must be within the City of Key West):

1615 WASHINGTON ST.
KEY WEST, FL 33040

Mailing Address (if different):

Box 519
1200 4TH ST
KEY WEST, FL 33040

Phone Number: 305-902-8710

Email Address: chooseromero@yahoo.com

Are you a registered voter in the State of Florida? Yes No

County of Registration (Monroe County if Key West address): Monroe County

Length of continuous residency within the City of Key West (minimum 1 year required by Charter): 25 YEARS

2. ELIGIBILITY CERTIFICATION (KEY WEST CITY CHARTER §3.02)

I certify that I am a resident of the City of Key West.

I certify that I have resided in the City of Key West continuously for at least one year prior to qualification.

I certify that I am a registered voter in Monroe County, Florida.

I certify that I am qualified to hold public office under Florida law.

I certify that I am not currently disqualified under any provision of Florida Statutes, the Key West Charter, or City ordinances.

3. PROFESSIONAL AND CIVIC BACKGROUND

Current Occupation/Employer:

RETREO

Relevant Professional Experience:

IBM EXECUTIVE CONSULTANT - ORGANIZATIONAL
CHANGE MANAGEMENT & STRATEGY; PROGRAM MANAGEMENT
& CREATION; NEGOTIATION TEAM FOR RELATIONSHIP
MANAGEMENT (INTERNAL & EXTERNAL); MATH TEACHER

Community Involvement / Volunteer Service in Key West:

BASILICA SCHOOL; KWHS BAND;

Prior Public Service (City Boards, Committees, or other governmental experience):

CITY COMMISSIONER; STRATEGIC PLANNING TEAM;
DISTRICT ADVISORY COUNCIL 1 (TDC)

4. STATEMENT OF INTEREST

Explain why you are seeking appointment to the Key West City Commission and what qualifications or priorities you would bring:

WHY: BE OF ACTIVE SERVICE TO/FOR MY DISTRICT AND CITY
WITH CONCRETE KNOWLEDGE, EXPERIENCE & FAMILIARITY
OF PROCESSES AND PEOPLE. PRIORITIES: PUT PEOPLE OF
THE COMMUNITY FIRST USING DATA BASED DECISION MAKING
WITH CLEAR COMMUNICATIONS; DOING THE RIGHT THINGS
FOR THE RIGHT REASONS AND ADDRESSING APPROPRIATELY
ANY WRONG DOING.

Do you or any immediate family member have any financial, contractual, or organizational interests involving the City of Key West that could present a conflict? Yes No

If yes, please explain:

6. REFERENCES (Optional)

MARK FINNEGAN 305- FORMER CITY FINANCE
Name: _____ Phone: _____ Relationship: DIRECTOR ; ACQUAINTANCE
GEORGE FERNANDEZ 305- MEMBER OF DISTRICT 5;
Name: _____ Phone: 797-7380 Relationship: BUSINESS OWNER + ACTIVIST
BILLY WARDLOW 305- FORMER CITY COMMISSIONER
Name: _____ Phone: 296-2723 Relationship: FIRE CHIEF;
ACQUAINTANCE

APPLICANT CERTIFICATION AND SIGNATURE

I certify that all statements in this application are true and complete. I authorize the City of Key West to verify this information.

Applicant Signature: Margaret A. Romer Date: Nov. 25, 2025

CITY CLERK VERIFICATION

I, Keri O'Brien, the duly authorized City Clerk of Key West, have reviewed the eligibility of the applicant listed above.

Based on City records, the applicant:

Resides in District V based on the review of their Florida Driver's License and Residency Affidavit.

Is a registered voter in Monroe County, Florida.

Clerk Signature: K. O'Brien Date: 11.25.2025



THE CITY OF KEY WEST

POST OFFICE BOX 1409
KEY WEST, FL 33041-1409

AFFIDAVIT OF RESIDENCY TO QUALIFY FOR MAYOR & CITY COMMISSION

I, MARGARET A. ROMERO hereby declare that I currently reside in, and maintain residence at 1615 WASHINGTON ST. within the City of Key West city limits. I further affirm that I have continuously lived within the city limits of the City of Key West, Florida for the last twelve months (from the date of Qualification) pursuant to City of Key West Charter 3.02. I recognize and declare my intent to maintain my permanent home within the city limits, and in the district for which I am elected.

I understand that pursuant to the City of Key West Charter 3.02, a Commissioner can forfeit office if at any time during the term of office they lack any qualification for the office, as determined by the City Commission for the City of Key West including the requirement of maintaining permanent residence within the City of Key West city limits, and the district for which I am elected.

I understand that the City of Key West may request I provide documentation proving my current residency within the City and district, and residency for the twelve months prior to this date and if necessary the City may verify the authenticity of any such documentation with outside agencies and further research my qualifications. By way of example, proof of residency documentation may include but is not limited to a Florida Driver's License, deed or lease of a residence within the City, utility or other bill, and will be determined on a case-by-case basis.

I acknowledge that this sworn affidavit is given pursuant to The City of Key West and/or the Supervisor of Elections and that any person who falsely swears or affirms any oath or affirmation to a public official commits a misdemeanor pursuant to F.S. 837.06

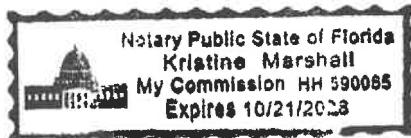
FURTHER AFFIANT SAYETH NAUGHT.

Margaret A. Romero
Signature

Print: MARGARET A. ROMERO

SUBSCRIBED AND SWORN to before me on this 25th day of NOVEMBER 2025, by MARGARET A. ROMERO, who is ✓ personally known to me OR produced _____ type of identification.

(SEAL)



Kristine Marshall
NOTARY PUBLIC