FORM 1 NOT ON	N STATEMENT OF				
FORM 1 NOT ON STATEMENT OF 2000 ROOT HIST FINANCIAL INTERESTS					
LAST NAME - FIRST NAME - MIDD Agnew Laura Mailing address: 3451 Bonita Bay Blud.	LE NAM Cha ⁴ Sur	rley	CHECK <u>ONE</u> OF THE FOLI	OWING (see "Who Must File" on page 3): ER STATE OFFICER SPECIFIED STATE EMPLOYEE	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one): Image: Imag					
PART A PRIMARY SOURCES OF INCOME [Major sources of income to th NAME OF SOURCE SOURC OF INCOME I ADDR			DESCRIPTION OF THE SOURCE'S		
			Bonita Spring 3434	land development	
			- Miami, FL 33102	electrical utility	
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]					
NAME OF BUSINESS ENTITY	NAM	E OF MAJOR SOURCES BUSINESS'S INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
		······································			
PART C REAL PROPERTY [Land, b	ouildings		n] <u>sz Z! GZ NU</u> NOLLASJANS	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet. OTHER FORMS you may need to	
$\exists 0 \exists 0 \exists 3 \exists 0 \exists 0$				file are described on page 6.	
CE FORM 1 - Eff. 1/2001		(Continued or	n reverse side)	PAGE 1	

PART D — INTANGIBLE PERSONAL PROPERTY [SI TYPE OF INTANGIBLE	ocks, bonds, certi			PROPERTY RELATES	
Mutual Fund	Frankl	Franklin/Templeton			
Insured Munciple Securities		Morgan Stanley Dean Witter			
Mutual Fund (401K)		American Century			
Mutual Fund (4016)		Principal Investments			
Mutual Fund (401K)		Fidelity Investments			
Mutaal Fund (401K)		Janus Funds			
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR			
Chase Manhattan Mortgage	3415 U	ision Drive	Columbus (04 43219	
	·				
		······································			
PART F — INTERESTS IN SPECIFIED BUSINESSES	Ownership or n	ositions in certain typ	es of businesses]		
BUSINESS E			S ENTITY # 2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY					
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY					
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY OWNERSHIP INTEREST	e				
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE:			DATE SIGNED:	6/27/01	
				· •	
FILING INSTRUCTIONS:					

WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

NOTE: MULTIPLE FILING UNNECES-SARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers file with the Supervisor of Elections of the county in which you permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.

Candidates file this form together with your qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

WHEN TO FILE:

Initially, each local officer, state officer, and specified state employee must file *within 30 days* of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

FORM 1	STATEMENT OF 2000				
FINANCIAL INTERESTS					
LAST NAME - FIRST NAME - MIDDLE NAM <u>Agnew Laura Cha</u> MAILING ADDRESS: <u>3451 Bonita Bay Blud.</u> Sur <u>Benta Spongs</u> <u>34134-43</u> CITY: ZIP:	NAME OF REPORTING PERSON'S AGENCY: The Beohs of Bonita Springs II. Community Development District CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3): LOCAL OFFICER STATE OFFICER CANDIDATE SPECIFIED STATE EMPLOYEE LIST OFFICE OR POSITION HELD OR SOUGHT: Supervisor - CDD Board				
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one): Image: I					
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE SOURCE'S OF INCOME I ADDRESS I			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
The Bonita Bay Group	Bonita Spring 34134	land development			
FPL (husband's income)	Miami, FL 33102 electrical utility				
				_	
	· · · · · · · · · · · · · · · · · · ·				
	ME [Major customers, clients, IE OF MAJOR SOURCES BUSINESS'S INCOME	SOURCES ADDRESS		es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
PART C REAL PROPERTY [Land, buildings owned by the reporting person]			when	IG INSTRUCTIONS for and where to file this form are d at the bottom of page 2.	
10, 11 sz z1 62 NNC				RUCTIONS on who must file orm and how to fill it out begin ge 3 of this packet.	
ELECTORS BLECHEDS CONCOL CONC CONC				ER FORMS you may need to e described on page 6.	

PART D — INTANGIBLE PERSON TYPE OF INTANG		ks, bonds, certifica			H THE PROPERTY RELATES
Mutual Fund		Franklin/Templeton			
Insured Munciple Securities			Stanley De	ian Witter	ſ
Mutual Fund (401K		American Century			
Mutual Fund (401	6)	Principal Investments			
Mutual Fund (40	7	Fidelity Investments			
Mutaal Fund (40)	/	Janus Funds			
PART E — LIABILITIES [Major de NAME OF CREDI				ADDRESS OF	F CREDITOR
Chase Manhatta	n Mortaage	3415 U15	on Drive	Columbu	5 OH 43219
PART F — INTERESTS IN SPECI	FIED BUSINESSES [Ownership or posi	itions in certain typ	pes of businesse	es]
	BUSINESS ENT	· · · ·		S ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY					
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY					
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY OWNERSHIP INTEREST					
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE: am	Am			DATE SIG	NED: 6/27/01
	5				· •
FILING INSTRUCTIONS:					
WHAT TO FILE: After completing all parts of this for signing and dating it, send back sheet (pages 1 and 2) for filing.	Ethics or a County ur annual disclosu it location.	E: he form by the Co ty Supervisor of Ele ure filing, return th a with the Supe	ommission ections for ne form to	WHEN TO FILE: Initially, each local officer, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior	

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Elections of the county in which you permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

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