FORM 1		STATEM	ENT OF			2004	
Please print or type your name, mailing address, agency name, and position bel	ow:	FINANCIAL	INTERE	ESTS		A115/	
LAST NAME FIRST NAME MIDE	LE NAM	Ξ:		FOR OF	FFICE	The state of the s	
Agnew Law MAILING ADDRESS:	ra			USE ON	y Y	RECEIUS	
9990 Coconut	BY	# 200			<b>ଦ</b> / _	MAY2	
THE COCOMO					A ID	Code ERVISON (CO)	
CITY:	ZIP	: COUNTY:			Và.	ECTIONS (S)	
		135 Lee			AS.	PITTYOU	
Bonita Springs			T (00		Co	nf. Code	
NAME OF OFFICE OR POSITION H	C.↓ ELD OR S	Bonita Spring	32 TT COD	١	<b>\</b>	Reg. Code	
	_	ctary			1		
CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE							
	*	BOTH PARTS OF THIS SECT	TON MUST BE COM	IPLETED*	*		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR	R FINANC	IAL INTERESTS FOR THE PE	RECEDING TAX YEAI	R, WHETI	HER BA	SED ON A CALENDAR YEAR OR ON	
A FISCAL YEAR. PLEASE STATE BE	ELOW WI	HETHER THIS STATEMENT IS	FOR THE PRECED	ING TAX	YEAR E	NDING EITHER (check one):	
			TAX YEAR IF OTHE	RIHANI	THE CAL	LENDAR YEAR:	
	RS THE	OPTION OF USING REPOR				SOLUTE DOLLAR VALUES, WHICH	
REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS							
COMPARATIVE (PERCENTAC	GE) THRE	SHOLDS	<u>OR</u>		DOLLAF	R VALUE THRESHOLDS	
PART A PRIMARY SOURCES OF NAME OF SOURCE	INCOME		ne reporting person]	_	DE	ESCRIPTION OF THE SOURCE'S	
OF INCOME		ADDRESS			P	RINCIPAL BUSINESS ACTIVITY	
The Bonita Bay Group		9990 Coconut Rd # 200 Bonita 34135			land development		
PART B SECONDARY SOURCES		* *			busines	• • • • • • •	
BUSINESS ENTITY			E OF MAJOR SOURCES ADDRESS  BUSINESS' INCOME OF SOURCE			PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
PART C REAL PROPERTY [Land,	buildings	owned by the reporting person	n]		and v	NG INSTRUCTIONS for when where to file this form are locat- the bottom of page 2.	
						FRUCTIONS on who must file	
					this f	form and how to fill it out begin age 3.	
						ER FORMS you may need to re described on page 6.	

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]  TYPE OF INTANGIBLE   BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
money market		Raymond James				
IRA traditional Roth		Raymond James				
	ار د۲	Raymond Janes				
401K		Nationwide Financials				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
PART E — LIABILITIES [Major debts]  NAME OF CREDITOR		ADDRESS OF CREDITOR				
PART F — INTERESTS IN SPECI	FIED BUSINESSES [O	wnership or positio	ns in certain types of businesses]			
BUSINESS ENT		ITY#1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	~		1.			
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 (required):			DATE SIGNED (required): 5/23/05			
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 UNNECESSARY:**

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/employees file with the Supervisor of Elections of the county in which they 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; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their 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/employee, 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/employees, 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/employee, 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	•	STATEM	ENT OF		2004		
Please print or type your name, mailing address, agency name, and position bel	ow:	FINANCIAL	INTERE	STS			
LAST NAME FIRST NAME MIDD Agnew Laur MAILING ADDRESS:	ra			FOR OFFIC			
9990 Coconut Rd #200  CITY: ZIP: COUNTY:  Bonita Springs 3413\$ Lee  NAME OF AGENCY:  The Brooks of Bonita Springs CDD  NAME OF OFFICE OR POSITION HELD OR SOUGHT:  Assistant Secretary					ID Code MAY 25 2005 SUPPRVISOR ID No. ELETTONS Conf. Code P. Req. Code		
CHECK ONLY IF CANDIDATE		□ NEW EMPLOYEE OR AF	PPOINTEE				
**BOTH PARTS OF THIS SECTION MUST BE COMPLETED**  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):  DECEMBER 31, 2004  OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:  THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):							
COMPARATIVE (PERCENTAC				DO	LLAR VALUE THRESHOLDS		
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]  NAME OF SOURCE  OF INCOME  ADDRESS			RCE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
The Bonita Bay Group		9990 Coconut Ad \$ 200 Bonita 34135			land development		
PART B SECONDARY SOURCES  NAME OF BUSINESS ENTITY	NAME	ME (Major customers, clients, a E OF MAJOR SOURCES BUSINESS' INCOME	nd other sources of i ADDRE OF SOU	ESS	sinesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
PART C REAL PROPERTY [Land, buildings owned by the reporting person]				a	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.		
					OTHER FORMS you may need to		

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]  TYPE OF INTANGIBLE   BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
money market		Raymond James				
IRA, traditional Roth		Raymond James				
mutual funds acct		Raymond Janes				
401 K		Nationwide Financials				
1511		routionwide i manetals				
PART E — LIABILITIES [Major debts]  NAME OF CREDITOR		ADDRESS OF CREDITOR				
<u> </u>				······································		
			· · · · · · · · · · · · · · · · · · ·	<u> </u>		
			and the second s			
PART F — INTERESTS IN SPECIFIED	D BUSINESSES [O	wnership or positio	ns in certain types of businesses]			
1	BUSINESS ENTI		BUSINESS 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						
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