

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

BOBACK, DENNIS, CLARK

MAILING ADDRESS :

280 DONORA BLVD

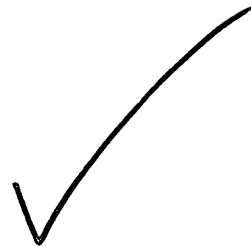
CITY : *FT. MYERS BEACH* ZIP : *33931* COUNTY : *LEE*

NAME OF AGENCY : *TOWN OF FT. MYERS BEACH*

NAME OF OFFICE OR POSITION HELD OR SOUGHT : *TOWN OF FT. MYERS BEACH TOWN COUNCIL*

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE



17JUN28PM0308 SOE Lee Co FI

****** 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 (must check one):

DECEMBER 31, 2016 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE 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). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
<i>BOBACK Management Services LLC</i>	<i>280 DONORA BLVD, FT. MYERS BEACH, FL 33931</i>	<i>Condominium Association Management</i>

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
<i>BOBACK Management Services</i>	<i>SANTA MARIA RESORT CONDO</i>	<i>7307 ESTERO BLVD.</i>	<i>CONDOMINIUM</i>
<i>BOBACK Management Services</i>	<i>SANTA MARIA BLDG 2 CONDO</i>	<i>7317-7327 ESTERO BLVD.</i>	<i>CONDOMINIUM</i>

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

<i>N/A</i>

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.
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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions] (If you have nothing to report, write "none" or "n/a")	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
INTEREST IN BUSINESS	BOBACK MANAGOMT SERVICES, LLC

PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")	
NAME OF CREDITOR	ADDRESS OF CREDITOR
FIFTH THIRD BANK	5050 KINGSLEY MOORE, CINCINNATI, OH 45263

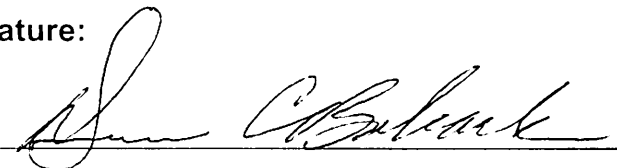
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, write "none" or "n/a")		
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY		
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

PART G — TRAINING
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE OF FILER:

Signature: 

Date Signed: 6-28-17

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

<p>WHAT TO FILE:</p> <p>After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.</p> <p>If you have nothing to report in a particular section, write "none" or "n/a" in that section(s).</p> <p>NOTE: MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.</p> <p>Facsimiles will not be accepted.</p>	<p>WHERE TO FILE:</p> <p>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.</p> <p>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.)</p> <p>State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.</p> <p>Candidates file this form together with their qualifying papers.</p> <p>To determine what category your position falls under, see page 3 of instructions.</p>	<p>WHEN TO FILE:</p> <p>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.</p> <p>Candidates must file at the same time they file their qualifying papers.</p> <p>Thereafter, file by July 1 following each calendar year in which they hold their positions.</p> <p>Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2016.</p>
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FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

BOBACK, DENNIS, CLARK

MAILING ADDRESS :

280 DONORA BLVD

ATTACHMENT

CITY : ZIP : COUNTY :

FT. MYERS BEACH 33431 LEE

NAME OF AGENCY :

TOWN OF FT. MYERS BEACH

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

TOWN OF FT. MYERS BEACH TOWN COUNCIL

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BOBACK MANAGEMENT SERVICES LLC	280 DONORA BLVD, FT. MYERS BEACH, FL 33931	CONDOMINIUM ASSOCIATION MANAGEMENT

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
BOBACK MANAGEMENT SERVICES	Pelican Water Condominiums	2532 ESTERO BLVD, FT. MYERS BEACH	CONDOMINIUM
BOBACK MANAGEMENT SERVICES	PYRAMID PARK CONDOMINIUMS	3550 WALK DR, FT. MYERS FL	CONDOMINIUM
BOBACK MANAGEMENT SERVICES	WILLOW HARBOR CONDOMINIUMS	4450 ESTERO BLVD, FT. MYERS BEACH	CONDOMINIUM

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

N/A

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17 JUN 2016 10:30:08 AM LEE Co FI

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

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BOBACK, DENNIS, CLARE

MAILING ADDRESS :

280 DONORA BLVD

CITY : ZIP : COUNTY :

FT. MYERS BEACH 33431 LEE

NAME OF AGENCY :

TOWN OF FT. MYERS BEACH

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

TOWN OF FT. MYERS BEACH TOWN COUNCIL

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Attachment

17 JUL 2016 PM 03:08 SDE Lee Co FI

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NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
BOBACK Management Services	ISLAND COVE CONDOMINIUM	7000 ESTERO BLVD, FT. MYERS BEACH	CONDOMINIUM
BOBACK Management Services	MYRTLE PALM WEST CONDOMINIUM	6916 COMMUNIST DR, FT. MYERS	CONDOMINIUM
BOBACK Management Services	ESTERO BEACH CLUB EAST CONDO	2650 ESTERO BLVD, FT. MYERS BEACH	CONDOMINIUM

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

N/A

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