

FINAL STATEMENT OF FINANCIAL INTERESTS

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

LAST NAME — FIRST NAME — MIDDLE NAME: <i>BOBACK - DENNIS - CLARK</i>		NAME OF REPORTING PERSON'S AGENCY: <i>TOWN OF FT. MYERS BEACH</i>
MAILING ADDRESS: <i>280 DONORA BLVD.</i>		CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3): <input checked="" type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER <input type="checkbox"/> SPECIFIED STATE EMPLOYEE
<i>Ft. Myers Beach, FL 33931 - LEO</i>		LIST OFFICE OR POSITION HELD: <i>Town Council Town OF FT. MYERS BEACH, FL 33931</i>
CITY:	ZIP:	COUNTY:

BOTH PARTS OF THIS SECTION MUST BE COMPLETED

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2019 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS 3-19-19, 2019. (Date must be prior to 12/31/19)

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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (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</i>	<i>280 DONORA BLVD. FT. MYERS BEACH FL 33931</i>	<i>CONDOMINIUM ASSOCIATION MANAGEMENT</i>
<i>LOFASO REAL ESTATE, INC.</i>	<i>2100 ESTERO BLVD. FT. MYERS BEACH FL 33931</i>	<i>REAL ESTATE SALES</i>

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by 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>TIMBER LAKE #7 CONDO</i>	<i>1190-6496 Royal Woods Dr. Ft. Myers</i>	<i>CONDOMINIUM</i>
<i>BOBACK MANAGEMENT SERVICES</i>	<i>PEARL POOK CONDOMINIUM</i>	<i>3590 WINDING DR. FT. MYERS FL</i>	<i>CONDOMINIUM</i>
<i>↓</i>	<i>PELICAN WATCH CONDOMINIUM</i>	<i>2532 ESTERO BLVD. FT. MYERS BEACH</i>	<i>CONDOMINIUM</i>
<i>↓</i>	<i>WILLOW DEL MAR CONDOMINIUM</i>	<i>4400 ESTERO BLVD. FT. MYERS BEACH</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")

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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.

FORM 1F

FINAL STATEMENT OF FINANCIAL INTERESTS

ATTACHMENT #1

2019

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

LAST NAME — FIRST NAME — MIDDLE NAME: BOBACK — DENNIS — CLARK		NAME OF REPORTING PERSON'S AGENCY: Town of Ft. Myers Beach	
MAILING ADDRESS: 280 DENORA BLVD.		CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3): <input checked="" type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER <input type="checkbox"/> SPECIFIED STATE EMPLOYEE	
CITY: Ft. Myers Beach	ZIP: 33931	COUNTY: LEE	
		LIST OFFICE OR POSITION HELD: Town Councilman Town of Ft. Myers Beach, FL 33981	

BOTH PARTS OF THIS SECTION MUST BE COMPLETED

DISCLOSURE PERIOD:
THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2019 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS **3-18-19**, 2019. (Date must be prior to 12/31/19)

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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (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
N/A		

PART B — SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by 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
BOOBEE MANAGEMENT SERVICES	TRINIDAD LAKES #1 CONDO	17421-35-Royal Woods Dr Ft. My	CONDOMINIUM
BOOBEE MANAGEMENT SERVICES	MYNOLA PART WEST CONDO	6916 CEDAR HURST DR Ft. MYERS	CONDO MINIMUM
↓	ESTERO BEACH CLUB EAST CONDO	2050 ESTERO BLVD	↓
	BEACHWOOD Dunes CONDO	2390 ESTERO BLVD	↓

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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FORM 1F

FINAL STATEMENT OF FINANCIAL INTERESTS

Attachment 2019 #2

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

LAST NAME — FIRST NAME — MIDDLE NAME: <u>BOBACK - DENNIS - CLARK</u>	NAME OF REPORTING PERSON'S AGENCY: <u>Town of Ft. Myers Beach</u>
MAILING ADDRESS: <u>280 DORNA BLVD.</u>	CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3): <input checked="" type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER <input type="checkbox"/> SPECIFIED STATE EMPLOYEE
CITY: <u>Ft. Myers Beach</u> ZIP: <u>33931</u> COUNTY: <u>LEE</u>	LIST OFFICE OR POSITION HELD: <u>Town Council Town of Ft. Myers Beach, FL 33931</u>

BOTH PARTS OF THIS SECTION MUST BE COMPLETED

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2019 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS 3-10-19, 2019. (Date must be prior to 12/31/19)

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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (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>n/a</i>		

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by 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
↓	<u>Santa Maria Master Condo</u>	<u>7307-7317-7327 Estero Blvd</u>	<u>Condo</u>
	<u>Santa Maria Resort Condo</u>	<u>7307 Estero Blvd. FMB</u>	<u>Condo</u>
	<u>Santa Maria Bldg 2 Condo</u>	<u>7317-7327 Estero Blvd. FMB</u>	<u>Condo</u>
	<u>Santa Maria Dock-Coop</u>	<u>7317-7327 Estero Blvd FMB</u>	<u>Coop</u>

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>

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