

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

BRIGGS MARIA

MAILING ADDRESS :

787 PONDLEA Road

N. FT. MYERS FLA 33903 LEE

CITY : ZIP : COUNTY :

NAME OF AGENCY : AFFORDABLE HOUSING ADVISORY COMM. (1) MPO-CAC (2)

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

(1) CHAIRMAN (2) MEMBER

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

21JUL01M0038850E Lee Co Fl

✓

6/30

**** THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2020.

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
SUN COUNTRY HOMES & FLA INC	787 PONDLEA Road. N. FT. MYERS Fla. 33903	Contractor

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
N/A			

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

SEE ATTACHED

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

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.

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
IRA	N/A
CASH ON HAND	N/A

PART E — LIABILITIES [Major debts - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
FIRST CITIZENS	P.O. Box 21131, Raleigh, NC 27611
LAKE MICHIGAN CREDIT UNION	P.O. Box 2848 - GRAND RAPIDS, MI 49506

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")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	SUN COUNTRY HOMES	SUN COUNTRY REALTY
ADDRESS OF BUSINESS ENTITY	787 PONDELLA LN NFM	787 PONDELLA LN NFM
PRINCIPAL BUSINESS ACTIVITY	Contractor	Real estate Broker
POSITION HELD WITH ENTITY	President	Secretary
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NATURE OF MY OWNERSHIP INTEREST	Stockholder	Stockholder

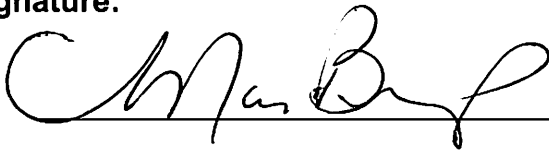
PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

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:

4/29/2021

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, N/A, 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:

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. To determine what category your position falls under, see page 3 of instructions.

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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

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.

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 must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

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, 2020.



Real Property Search

Search by Name for 'MBH trust' found 11 matches

STRAP / Folio ID	Owner	Site Address / Property Description	Links
15-44-23-C4-04565.0280	BRIGGS MARION TR FOR MBH TRUST	1406 SW 4TH ST CAPE CORAL FL 33991	Parcel Details Aerial Viewer Tax Estimator Variance Report
10069639	787 PONDELLA RD NORTH FORT MYERS FL 33903	CAPE CORAL UNIT 68 BLK 4565 PB 23 PG 101 LOTS 28 + 29	View Comps Change Address 2020 TRIM
15-44-23-C4-04565.0300	BRIGGS MARION TR FOR MBH TRUST	1402 SW 4TH ST CAPE CORAL FL 33991	Parcel Details Aerial Viewer Tax Estimator Variance Report
10069640	787 PONDELLA RD NORTH FORT MYERS FL 33903	CAPE CORAL UNIT 68 BLK 4565 PB 23 PG 101 LOTS 30 + 31	View Comps Change Address 2020 TRIM
15-44-23-C4-04565.0340	BRIGGS MARION TR FOR MBH TRUST	1268 SW 4TH ST CAPE CORAL FL 33991	Parcel Details Aerial Viewer Tax Estimator Variance Report
10069642	787 PONDELLA RD NORTH FORT MYERS FL 33903	CAPE CORAL UNIT 68 BLK 4565 PB 23 PG 105 LOTS 34 + 35	View Comps Change Address 2020 TRIM
04-44-24-01-00000.0240	BRIGGS MARION TR FOR MBH TRUST	1206 PONDELLA CIR NORTH FORT MYERS FL 33903	Parcel Details Aerial Viewer Tax Estimator Variance Report
10152832	787 PONDELLA RD NORTH FORT MYERS FL 33903	PONDELLA CIR PB 12 PG 98 LOT 24 + PARL OR1655/0893 LESS R/W OR 2308 PG 1083	View Comps Change Address 2020 TRIM
05-44-24-C4-03552.0030	BRIGGS MARION TR FOR MBH TRUST	1616 NE 10TH TER CAPE CORAL FL 33909	Parcel Details Aerial Viewer Tax Estimator Variance Report
10154047	787 PONDELLA RD NORTH FORT MYERS FL 33903	CAPE CORAL UNIT 47 PT 2 BLK 3552 PB 23 PG 118 LOTS 3 + 4	View Comps Change Address 2020 TRIM
07-44-24-C1-02008.0280	BRIGGS MARION TR FOR MBH TRUST	923 NE 8TH ST CAPE CORAL FL 33909	Parcel Details Aerial Viewer Tax Estimator Variance Report
10154471	787 PONDELLA RD NORTH FORT MYERS FL 33903	CAPE CORAL UNIT 31 BLK 2008 PB 14 PG 154 LOTS 28 + 29	View Comps Change Address 2020 TRIM
07-44-24-C1-02008.0300	BRIGGS MARION TR FOR MBH TRUST	919 NE 8TH ST CAPE CORAL FL 33909	Parcel Details Aerial Viewer Tax Estimator Variance Report
	787 PONDELLA RD NORTH FORT MYERS FL 33903		View Comps Change Address 2020 TRIM



Search by Name for 'MBH trust' found 11 matches

STRAP / Folio ID	Owner	Site Address / Property Description	Links
10154472		CAPE CORAL UNIT 31 BLK 2008 PB 14 PG 154 LOTS 30 + 31	
09-44-24-01-00003.0120	BRIGGS MARION TR FOR MBH TRUST	787 PONDELLA RD NORTH FORT MYERS FL 33903	Parcel Details Aerial Viewer Tax Estimator Variance Report
10159080	787 PONDELLA RD NORTH FORT MYERS FL 33903	SUBURBAN PARK BLK 3 PB 9 PG 117 LOT 12 N 1/2+ LT LT 13 LES R/W + INT IN LAK	View Comps Change Address 2020 TRIM
36-43-27-01-00001.0300	BRIGGS MARION TR FOR MBH TRUST	3001 LOUIS AVE ALVA FL 33920	Parcel Details Aerial Viewer Tax Estimator Variance Report
10357580	787 PONDELLA RD NORTH FORT MYERS FL 33903	LEHIGH ACRES UNIT 00 BLK 1 PB 15 PG 101 LOT 30	View Comps Change Address 2020 TRIM
36-43-27-01-00001.0310	BRIGGS MARION TR FOR MBH TRUST	2905 LOUIS AVE ALVA FL 33920	Parcel Details Aerial Viewer Tax Estimator Variance Report
10357581	787 PONDELLA RD NORTH FORT MYERS FL 33903	LEHIGH ACRES BLK 1 PB 15 PG 101 LOTS 31 + 32	View Comps Change Address 2020 TRIM



Lee County Property Appraiser

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Real Property Search

Search by Name for 'MBH trust' found 11 matches

STRAP / Folio ID	Owner	Site Address / Property Description	Links
36-43-27-00-00003.0090	BRIGGS MARION TR FOR MBH TRUST	2909 LOUIS AVE ALVA FL 33920	Parcel Details Aerial Viewer Tax Estimator Variance Report
10476036	787 PONDELLA ROAD NORTH FORT MYERS FL 33903	PAR IN SW 1/4 OF SE 1/4 AS DESC IN OR 3843 PG 4062	View Comps Change Address 2020 TRIM



Modify Current Search

New Search

121110140532 STELLER (3-F)

FT MYERS FL 339
30 JUN 2021 PM 2 L



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1021 FT MYERS FL

POSTAGE WILL BE PAID BY ADDRESSEE

SUPERVISOR OF ELECTIONS
PO BOX 2545
FORT MYERS FL 33902-9888

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

