							2005 SUPE
FORM 1	_	ST	ATEMI	ENT OF	I		RVISO 2004
Please print or type your name, mailing address, agency name, and position below	.]	FINA	NCIAL	INTERI	ESTS		C source
LAST NAME FIRST NAME MIDDLE BULLOCK Charle		B.			FOR OFF		
MAILING ADDRESS:							5
22614 Forest V	iew	DY				ID Co	de
CITY:	ZIP :		COUNTY:		1	ID No	
ESTEVO NAME OF AGENCY:	339	28	Le		ł	ואוטו	•
Lucaya Communi NAME OF OFFICE OR POSITION HEL	ty De	velopn	ment Dis	trict			Code
NAME OF OFFICE OR POSITION HEL Supervisor	D OR S	DUGHT :				P. Re	q. Code
CHECK ONLY IF CANDIDATE	OR	NEW E	MPLOYEE OR AF	PPOINTEE			PDF 2004
				ION MUST BE CO			F D1 2004
A FISCAL YEAR. PLEASE STATE BELL DECEMBER 31, 2004 MANNER OF CALCULATING REPORE THE LEGISLATURE ALLOWS FILER: REQUIRES FEWER CALCULATIONS, instructions for further details). PLEASE COMPARATIVE (PERCENTAGE PART A PRIMARY SOURCES OF IN	TABLE I S THE OR US STATE THRE	OR NTERESTS: DPTION OF ING COMPA BELOW WI	SPECIFY USING REPOR ARATIVE THRESHETHER THIS ST.	TAX YEAR IF OTH TING THRESHOL HOLDS, WHICH A ATEMENT REFLEO OR	DS THAT A RE USUALL CTS EITHER	HE CALE RE ABSO Y BASED (check o	NDAR YEAR: DLUTE DOLLAR VALUES, WHICH D ON PERCENTAGE VALUES (see
NAME OF SOURCE OF INCOME			SOUI ADD	RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Taylor Woodrow		2950	Immokale	e Rd, Naj	oles	De	eveloper/Builder
		-					
PART B SECONDARY SOURCES OF BUSINESS ENTITY	NAM		R SOURCES	I ADD	of income to DRESS OURCE	business	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
					i		
PART C REAL PROPERTY [Land,	ouildings	owned by th	ne reporting perso	n]		and w	IG INSTRUCTIONS for when here to file this form are locat-the bottom of page 2.
							RUCTIONS on who must file orm and how to fill it out begin ge 3.
				1			ER FORMS you may need to e 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					
•					
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PART E — LIABILITIES [Major de NAME OF CREDIT	bts] FOR	ADDRESS OF CREDITOR			
PART F — INTERESTS IN SPECIFI	ED BUSINESSES [Ov	vnership or position	ns in certain types of businesses]		
	BUSINESS ENTI	TY # 1	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					
SIGNATURE (required): CC - S. SULCE DATE SIGNED (required): 12/1/05					
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:

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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.

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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 posi-

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	į	
Please print-or type your name, mailing address, agency name, and position belo	w:	FINANCIAL	INTERES	TS			
Bullock Cha	E NAME Y LS	_		OR OFFICE SE ONLY:			
MAILING ADDRESS: 27614 Forest V	ew .	Dr		•	SUPERVICE SUPERVICE		
					ID Code		
CITY: Estero	ZIP	county: 3928 Lee			ID No.		
NAME OF AGENCY: Vasari Commun	ity	Development T	district	1	Conr. Code		
NAME OF OFFICE OR POSITION HE Supervisor	LD OR S	OUGHT:		i	P. Req. Gode		
CHECK ONLY IF CANDIDATE	OR	NEW EMPLOYEE OR AF	PPOINTEE				
DECEMBER 31, 200 MANNER OF CALCULATING REPORT	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 (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS						VHICH S (see	
PART A - PRIMARY SOURCES OF I	NCOME						
NAME OF SOURCE SOURCE'S OF INCOME ADDRESS					DESCRIPTION OF THE SOURCE PRINCIPAL BUSINESS ACTIVITY		
Taylor Woodrow 2950 Immokalee Rd, No				<u>'S</u>	Peveloper/Builder		
					<u> </u>		
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	NAM	ME (Major customers, clients, a E OF MAJOR SOURCES BUSINESS' INCOME	and other sources of inco ADDRESS OF SOURCE		inesses owned by the reporting pers PRINCIPAL BUSINES ACTIVITY OF SOURC	ss	
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PART C REAL PROPERTY [Land,	buildings	owned by the reporting persor	1)	an	ILING INSTRUCTIONS for nd where to file this form are lo d at the bottom of page 2.		
				th	NSTRUCTIONS on who mus nis form and how to fill it out b n page 3.		
					THER FORMS you may nee le are described on page 6.	d to	

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
PART E — LIABILITIES [Major di NAME OF CREDI		ADDRESS OF CREDITOR			
PART F INTERESTS IN SPECIF	FIED BUSINESSES [O	wnership or position	s in certain types of businesses]		
NAME OF	BUSINESS ENT	TY#1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY					
ADDRESS OF BUSINESS ENTITY		1			
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): CL-3. Sulc DATE SIGNED (required): 12/1/05					
FILING INSTRUCTIONS:					
WHAT TO FILE: WHERE TO FILE: WHEN TO FILE:					

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FORM 1	ST	TATEMENT OF	1	2004
Please print or type your name, mailing address, agency name, and position bel	FINA	NCIAL INTERI	ESTS	
BULLOCK CHARMALLING ADDRESS 2950 IMMOKAL NAPLES FL CITY CFM COMMUNITY NAME OF AGENCY ASSISTANT SECRE NAME OF OFFICE OR POSITION HE HOME ADDRESS: 22614 CHECK ONLY IF CANDIDATE DISCLOSURE PERIOD-	LE NAME LES B. LES B	SUITEZ DULER COUNTY ENT DISTRICT R, ESTERD FL 33928 MPLOYEE OR APPOINTEE S OF THIS SECTION MUST BE CONSISTS FOR THE PRECEDING TAX YEAR	FOR OFFICE USE ONLY:	OCODE SUPERVISOR DE PM 3: 31 PDF 2004 ASED ON A CALENDAR YEAR OR ON ENDING EITHER (check one)
MANNER OF CALCULATING REPORTHE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS INSTRUCTIONS for further details) PLEAS COMPARATIVE (PERCENTAGE)	RTABLE INTERESTS: RS THE OPTION OF COR USING COMPA RE STATE BELOW WH	ARATIVE THRESHOLDS, WHICH AF	DS THAT ARE AL RE USUALLY BAS ITS EITHER (chec	BSOLUTE DOLLAR VALUES, WHICH SED ON PERCENTAGE VALUES (see
PART A PRIMARY SOURCES OF I NAME OF SOURCE OF INCOME	NCOME (Major source	es of income to the reporting person) SOURCE'S ADDRESS	1 -	ESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
TAYLOR WOODROW	2950 I	IMMOKALEE PD, NAPL	ES FL DI	EVELOPER/BULDER
PART B SECONDARY SOURCES (NAME OF BUSINESS ENTITY	OF INCOME [Major cu NAME OF MAJOR OF BUSINESS"	SOURCES ADDF	RESS	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C REAL PROPERTY (Land, I	buildings owned by the	e reporting person)	FIL	ING INSTRUCTIONS for when
HOME/LOT AT 8344]	BRANDOS CIR (MANATEE (W, SAPASOTA FL County)	ed a INS this on p	where to file this form are locat- t the bottom of page 2. TRUCTIONS on who must file form and how to fill it out begin rage 3. HER FORMS you may need to are described on page 6.

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n/a	DIBLE	BUSINESS ENTITY TO WHICH THE	PROPERTY RELATES
PART E — LIABILITIES [Major of CRES	•	400000000000000000000000000000000000000	
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γιμα			
PART F — INTERESTS IN SPECI	FIED BUSINESSES (Ownership or position	ons in certain types of businesses)	
NAME OF	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
BUSINESS ENTITY ADDRESS OF	na		
BUSINESS ENTITY PRINCIPAL BUSINESS			
ACTIVITY POSITION HELD			
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, PLE	ASE CHECK HERE
SIGNATURE (required):	-1- sulle	DATE SIGNED (re	quired): 10 6 05
	FILING INS	TRUCTIONS:	The state of the s

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