

## FORM 1

## STATEMENT OF

2009

## FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Cameratta, Joseph

MAILING ADDRESS :

10491 Six Mile Cypress Pkwy, Ste 207

Ft. Myers

33966

Lee

CITY :

ZIP :

COUNTY :

Cypress Shadows Community Development District

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

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 APPOINTEEFOR OFFICE  
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

10491 SIX MILE CYPRESS PKWY  
STE 207  
FT. MYERS  
LEE CO FL

## \*\*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, 2009 OR ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

## MANNER OF CALCULATING REPORTABLE INTERESTS:

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

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Joe C Development Co., Inc.	7750 Town Centre Drive Suite 100 Broadview Heights, OH 44147	Land Development

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

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
See Attached			

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

See Attached

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 file are described on page 6.

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## STATEMENT OF

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10491 SIX MILE CYPRESS PKWY, STE 207  
FT. MYERS, FL 33966  
LEE COUNTY, FL

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DECEMBER 31, 2009

OR



SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

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COMPARATIVE (PERCENTAGE) THRESHOLDS

OR



DOLLAR VALUE THRESHOLDS

## PART A – PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

(If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY

## PART B – SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

(If you have nothing to report, you must write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
See Attached			

## PART C – REAL PROPERTY [Land, buildings owned by the reporting person]

(If you have nothing to report, you must write "none" or "n/a")

See Attached

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**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc.]  
(If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
See Attached	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
See Attached	

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses]  
(If you have nothing to report, you must write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY	See Attached		
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):

6-29-10

**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.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

**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.

**Joseph Cameratta**  
**Personal Financial Statement**  
**April 30, 2010**

**Joseph Cameratta**  
**Personal Financial Statement**  
**April 30, 2010**

**Assets**

Cash and Equivalents	\$ 21,656
Notes Receivable	44,351
Individual Retirement Account	662,000
Real Estate - Schedule A	58,375,144
Life Insurance (approximate cash value)	-
Other Assets - Schedule B	294,183
<b>Total Assets</b>	<b><u>\$ 59,397,334</u></b>

**Liabilities**

Real Estate Mortgages and Other Security Arrangements	131,809,670
Line of Credit (Fifth Third Bank)	10,000,000

Estimated income tax on differences between the estimated  
current values of assets and the estimated current amount  
of liabilities and their tax bases

-

**Net Worth**

**\$ (82,412,335)**


Total

**\$ 59,397,334**

check (must = 0)

-

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## Schedule A

\*10JLN30AM10755NELLee Co F1

**Joseph Cameratta**  
**Personal Financial Statement**  
**April 30, 2010**

Description	Ownership Percentage	Title Held	Market Value	Loan Balance	Equity	Notes
Fiddlesticks Home Homestead Property Fort Myers, FL	100%	Joint with Right of Survivorship with Spouse	1,000,000	1,320,000	(320,000)	Best estimate based on current sales. Wells Fargo Mortgage (Joe and Barb guarantors).
Rental Home Brecksville, OH	100%	Personally	610,000	800,000	(190,000)	Currently Sold Under Contract for \$610,000. Seller responsible for deficiency (currently being negotiated).
Rental Condominium Sagamore Hills, OH	100%	Personally	120,000	158,500	(38,500)	Best estimate based on current sales.
Office Buildings, Land, House Broadview Heights, OH	50%	Plaza 82 LLC	580,000	593,925	(13,925)	Market Value is based on current NOI @ 9% cap rate.
High Point Place Phase I High Rise Condominiums Fort Myers, FL	100%	High Point Place LP	200,000	707,784	(507,784)	LNB cross collateralized 1 city-home unit.
High Point Place Phase II High Rise Condominiums Fort Myers, FL	100%	High Point Place LP	13,665,144	28,566,826	(14,901,682)	Value established per the Letter of Intent to Purchase the Note from Arsenault Holdings LLC.
FSV Liner Buildings LLC* Town Homes Fort Myers, FL	100%	FSV Liner Buildings LLC	700,000	752,000	(52,000)	\$700,000 is remaining TIF from the City of Fort Myers to Lorain National Bank.
Land - approx. 8 acres Future First Street Village Fort Myers, FL	100%	Plaza Fort Myers, LLC	5,500,000	27,300,000	(21,800,000)	Value established per the Letter of Intent to Purchase the Note from Arsenault Holdings LLC. If transaction closes, then no deficiency. If foreclosed on, \$200k to \$500k deficiency.
Land - approx. 5,700 acres 2 x4 Ranch DeSoto County, FL	100%	Charlee LLC	27,000,000	53,410,635	(26,410,635)	Agreement complete. No deficiency. Foreclosure Set For May 18th. New appraisal is estimated to be below \$25 Million per Farm Credit.
Land - approx. 510 acres Future Preserve at Corkscrew Estero, FL	100%	Cypress Shadows Acquisition LLC	9,000,000	18,200,000	(9,200,000)	Value established per the Letter of Intent to Purchase the Note from Arsenault Holdings LLC.
<b>Total</b>			<b>\$ 58,375,144</b>	<b>\$ 131,809,670</b>	<b>\$ (73,434,525)</b>	