FORM 1	STATEMENT OF		2003
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERES	STS 「	
LAST NAME FIRST NAME MIDDLE N <u>CARAOLL</u> MAILING ADDRESS : <u>9990</u> COCON	1ES LEESE	FOR OFFICE USE ONLY:	SUPERV 28
CITY: BONITA SMILLOS NAME OF AGENCY: MENTTERA SOUT NAME OF OFFICE OR POSITION HELD C			
<u>ASSISTANT SECRET</u> CHECK IF CANDIDATE OR	ARY BOARD OF SUPERVISONS New employee or appointee		
	THIS SECTION MUST BE COMPLETED NCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER THIS STATEMENT IS FOR THE PRECEDIN OR SPECIFY TAX YEAR IF OTHER	G TAX YEAR EN	DING EITHER (check one):
REQUIRES FEWER CALCULATIONS, OR	HE OPTION OF USING REPORTING THRESHOLDS USING COMPARATIVE THRESHOLDS, WHICH ARE ATE BELOW WHETHER THIS STATEMENT REFLECTS	USUALLY BASE EITHER (check	D ON PERCENTAGE VALUES (see
PART A PRIMARY SOURCES OF INCO NAME OF SOURCE OF INCOME	ME [Major sources of income to the reporting person] SOURCE'S ADDRESS		SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
THE BOUTTA BAY GROU		TE 300 K 4135	EAC ESTATE DEVECOPER
	COME [Major customers, clients, and other sources of inc AME OF MAJOR SOURCES ADDRES	S	PRINCIPAL BUSINESS
BUSINESS ENTITY	OF BUSINESS' INCOME OF SOUR	CE	ACTIVITY OF SOURCE
			k
PART C REAL PROPERTY [Land, buildi RESTAENCE - 170	ngs owned by the reporting person] 190 STEARTN'S STONE DA.	and w	IG INSTRUCTIONS for when there to file this form are locat- the bottom of page 2.
Fo.	T MYERS, FL, 339		RUCTIONS on who must file orm and how to fill it out begin ge 3.
			ER FORMS you may need to e described on page 6.

					s
PART D — INTANGIBLE PERSOI TYPE OF INTANGIE		[Stocks, bonds, certifi	cates of deposit, etc.] BUSINESS ENTITY TO WH		
	JLC		BOOMEOS ENTITE TO WIT		
		·			
	<u></u>		m		
					An Angelon
PART E — LIABILITIES [Major de		•			
NAME OF CREDI	TOR		ADDRESS OF CREDITOR		
ABN AMNO MC	AT6.46E	5901	FUNOVATION W	AY C	H#CAGO, FL 60692
	CI4A	<u>, </u>	L.		·
GMAC	(iatu,	/	MIANI, FL,	i	
INCLARE ELIT	1.11 0	KARTE	interregional and the here	1141	
HYUNDAF FINA			INTAIN VALLE, CALEFO		
PART F — INTERESTS IN SPECIF				•	
NAME OF	BUSINESS	SENTITY # 1	BUSINESS ENTITY # 2	2	BUSINESS ENTITY # 3
BUSINESS ENTITY ADDRESS OF	H-100				
BUSINESS ENTITY PRINCIPAL BUSINESS		<u> </u>			····
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		D ON A SEPARATE SHE	ET, PLEA	
SIGNATURE (required):	00	nA	DATE S	IGNED (req	
Hames	I Cal	walk			5-24-04
\overline{O}		FILING IN	STRUCTIONS:		
WHAT TO FILE: After completing all parts of this for	orm including	WHERE TO FIL	.E: the form by the Commission		TO FILE: each local officer/employee, state
signing and dating it, send back		on Ethics or a Cor	unty Supervisor of Elections closure filing, return the form	officer, a	nd specified state employee must file
sheet (pages 1 and 2) for filing.		to that location.	closure tiling, return the form	appointm	30 days of the date of his or her nent or of the beginning of employ-
			<i>loyees</i> file with the Supervisor county in which they perma-	the Sena	ppointees who must be confirmed by te must file prior to confirmation, even
NOTE:			u do not permanently reside the Supervisor of the county		less than 30 days from the date of ointment.
MULTIPLE FILING UNNECESSARY: Generally, a person who has filed Form 1 for a		where your agency has its headquarters.)		Candidates for publicly-elected local office must file at the same time they file their	
calendar or fiscal year is not requ	uired to file a	file with the Commis	specified state employees ssion on Ethics, P.O. Drawer	qualifying	papers.
second Form 1 for the same year candidate who previously filed For	rm 1 because	15709, Tallahassee, Candidates file th		officers,	ter, local officers/employees, state and specified state employees are
of another public position must at least file a copy of his or her original Form 1 when qualifying.		Candidates file this form together with their qualifying papers.		required to file by July 1st following each calendar year in which they hold their posi-	

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

PAGE 2

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.

tions.

FORM 1 STATEMENT OF				2003
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS	5	
LAST NAME FIRST NAME MIDDL <u>CAROLL</u> MAILING ADDRESS : <u>J9990</u> COCON	AMES LEESE	For 0 USE 0		PECE 2001 MAY 28 SUPERvisor
RITY: ZIP: COUNTY: BUNITH SMATNES 34135 LEE NAME OF AGENCY: VERANDAH WEST COD			ID No. Conf. Code	
NAME OF OFFICE OR POSITION HEL	NEW EMPLOYEE OR APPOINT	ELV-FSOAS TEE	I P. Req. Code	<u> </u>
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR F A FISCAL YEAR. PLEASE STATE BEL DECEMBER 31, 2003 MANNER OF CALCULATING REPORT THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, instructions for further details). PLEASE COMPARATIVE (PERCENTAGE	OW WHETHER THIS STATEMENT IS OR SPECIFY ABLE INTERESTS: 5 THE OPTION OF USING REPORT OR USING COMPARATIVE THRESH 5 STATE BELOW WHETHER THIS STA	ECEDING TAX YEAR, WHET FOR THE PRECEDING TAX TAX YEAR IF OTHER THAN TING THRESHOLDS THAT IOLDS, WHICH ARE USUAL ITEMENT REFLECTS EITHE	YEAR ENDING EIT THE CALENDAR Y ARE ABSOLUTE I LY BASED ON PE	THER (check one): 'EAR: DOLLAR VALUES, WHICH ERCENTAGE VALUES (see
PART A PRIMARY SOURCES OF IN NAME OF SOURCE OF INCOME	COME [Major sources of income to the SOUR ADDF	CE'S		DN OF THE SOURCE'S BUSINESS ACTIVITY
THE BONITH BAY CROWP 9990 COCONNT XP, SUIT BONETA SPRING, FL, 30		<u>XP, SUITE 700</u> 39, Fl, 34135	RE	DEUEIOPER
PART B SECONDARY SOURCES OF NAME OF BUSINESS ENTITY	F INCOME [Major customers, clients, a NAME OF MAJOR SOURCES OF BUSINESS' INCOME	nd other sources of income to ADDRESS OF SOURCE	1	d by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
			····	
PART C REAL PROPERTY [Land, but RESIDENCE - [uildings owned by the reporting person] <u>THIO STEPTINE</u> OAT <u>MYERS</u>	<u>570.NE DR.</u> EL, <u>33912</u>	and where to the ed at the botton	TRUCTIONS for when file this form are locat- om of page 2. ONS on who must file how to fill it out begin
				RMS you may need to bed on page 6.

	Y [Stocks, bonds, certificat	es of deposit, etc.] BUSINESS ENTITY TO WHI			
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WIL			
			<u>.</u>		
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	<u> </u>	ADDRESS	OF CREE	DITOR	
	- 8701 IU	Maritx Al willy	114	interior interior	
ABN AMRO MURTGAGE	<u>2N[+n]</u>	Warthen WAI		ICA60, 71: 60632	
EMAR CHARL		IL AMY F.I		(
GAR 104	V///	IANIL; FL	î		
AYUNATA NUTCH EINANCE	Tran For	WTHER VALLEY	. (<i>A</i> ,	
PART F - INTERESTS IN SPECIFIED BUSINESS		/		// {	
	SS ENTITY # 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					
IF ANT OF PARTS A THROUGH		UN A SEFARATE STE			
SIGNATURE (required):	0Ú	DATE S	IGNED (re		
SIGNATURE (required):			5-	- 24-04	
		TRUCTIONS:			
WHAT TO FILE:	WHERE TO FILE:	•		N TO FILE:	
After completing all parts of this form, including signing and dating it, send back only the first	on Ethics or a Count	e form by the Commission ty Supervisor of Elections	officer,	y, each local officer/employee, state and specified state employee must file	
sheet (pages 1 and 2) for filing.	for your annual disclos to that location.	sure filing, return the form	appoint	30 days of the date of his or her tment or of the beginning of employ-	
		vees file with the Supervisor	the Ser	Appointees who must be confirmed by nate must file prior to confirmation, even	
NATE.	nently reside. (If you o	of Elections of the county in which they perma- nently 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		if that is less than 30 days from the date of their appointment. <i>Candidates</i> for publicly-elected local office must file at the same time they file their qualifying papers.	
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	15709, Tallahassee, Fl			after, local officers/employees, state	
of another public position must at least file a copy of his or her original Form 1 when qualifying.	<i>Candidates</i> file this qualifying papers.	Candidates file this form together with their qualifying papers.		officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their posi-	

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

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.

CE FORM 1 - Eff. 1/2004