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2014

FORM 1 F		FINAL SIA.	IEMENI OF		2014	
		FINANCIAL	INTERESTS	5		
(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)						
LAST NAME - FIRST NAME - MIDDLE NAME:			NAME OF REPORTING PERSON'S AGENCY:			
7222 Lohelia RD			CHECK ONE OF THE FOLLOWING usee "Who Must File" on page 3):			
			LOCAL OFFICE SPECIFIED S	TATE EMP	STATE OFFICER PLOYEE	
CITY: Ft Mus	zip: RS FL3	COUNTY: 3967 LL4	LIST OFFICE OF POST		GNED	
DISCLOSURE PERIOD: THIS STATEMENT REFLEC	***BC	OTH PARTS OF THIS SEC		014 AND 1	THE PUBLIC 14. (Date must be prior to 12/31/14)	
CALCULATIONS, OR USIN details). PLEASE STATE BE	ON OF USING F G COMPARATIVE	REPORTING THRESHOLDS THRESHOLDS, WHICH ARE THIS STATEMENT REFLECTS	: USUALLY BASED ON PER S EITHER (must check one):	CENTAGE	LUES, WHICH REQUIRES FEWER VALUES (see instructions for further JE THRESHOLDS	
PART A PRIMARY SO	URCES OF INC	OME (Major sources of incom	e to the reporting person - Ser	e instructio	nei	
		rite "none" or "n/a")	is to the reporting person.	, mon dono		
NAME OF SOURCE		SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
US GlobA	IRE.	27901 BON		Re		
		BIVD	0			
		BONITA S	EPRINGS FR			
			34134			
			·			
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 NAME OF MAJOR SOURCES ADDRESS PRINCIPAL BUSINESS						
BUSINESS ENTITY		F BUSINESS' INCOME	OF SOURCE	· · · · · · · · · · · · · · · · · · ·	ACTIVITY OF SOURCE	
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.						
7222 Lobelia ROAD, Ft Myers FL 33967					RUCTIONS on who must file orm and how to fill it out on page 3 of this packet.	

PART D INTANGIBLE PERSONAL PROPERTY [St (If you have nothing to report, write "none" of	locks, bonds, certificates of deposit, etc See instructions] or "n/a")
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE FROM THE REASON
NA	
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" of	r "n/a")
NAME OF CREDITOR	ADDRESS OF CREDITOR
SUN COAST FEDERAL	
CR UNION	
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none" or	[Ownership or positions in certain types of businesses - See instructions] ""Ne")
NAME OF BUSINESS ENTITY	BUSINESS ENTITY#1 BUSINESS ENTITY#2
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 O	CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE
SIGNATURE:	DATE SIGNED:
Donna Celles	2/4/2014
If a certified public accountant licensed under Chapte you, he or she must complete the following statemen	er 473, or attorney in good standing with the Florida Bar prepared this form for t:
I, Statutes, and the instructions to the form. Upon my re	, prepared the CE Form 1F in accordance with Section 112.3145, Florida easonable knowledge and belief, the disclosure herein is true and correct.
Signature	Date
FI	LING INSTRUCTIONS:
	RE TO FILE: NOTE:
	ocal officers: file with the Supervisor of

After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages). Facsimiles will not be accepted.

WHEN TO FILE:

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

Local officers: file with the Supervisor of Elections of the county in which you 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: 325 John Knox Road, Building E, Suite 200, Tallahassee, Florida 32303.

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

If you are leaving office or employment during the first half of 2014, you may not have filed Form 1 for 2013. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2013 by July 1, 2014, and risk being fined if you do not file Form 1 by the filing deadline, even if you have already filed the CE Form 1F.

Donna Collins

From:

Jennifer McConnell < jmcconnell@govmgtsvc.com>

Sent:

Thursday, February 06, 2014 12:33 PM

To: Cc: 'Donna Collins'
'Thomas Runyon'

Subject:

RE: CDD resignation (Financial Disclosure Forms)

Attachments:

Form 1_2013.pdf; Form 1F_2014.pdf

Bonita Village

Community Development District

5385 N. Nob Hill Road, Sunrise, Florida 33351 Phone: 954-721-8681 - Fax: 954-721-9202

February 6, 2014

Donna Collins 7222 Labelia Rd. Ft. Myers FL 33967

Re:

Form 1 & Final Financial Disclosure

Dear Ms. Collins:

Florida law requires that any local officer, including a community development district supervisor, file a final financial disclosure within 60 days of the end of their term, unless the individual holds another position or accepts another position within that 60-day period. Pursuant to Chapter 112, Florida Statutes, the disclosure required is Form 1 & Form 1F. Please complete the attached Form 1 & Form 1F and file it with the Supervisor of Elections for the County in which you live.

Should you have any questions or comments, please do not hesitate to contact me at (954) 721-8681 ext. 203.

Sincerely,

Jennifer McConnell

Enclosures

2/6/2014 Date

I, DONNA COLLINS, wish to resign from the BONITA VILLAGE CDD Board of Supervisors, effective:

Signature

TO: Supervisor of Elections

Cor Lee County FL
239-533-6310

FROM: DONNA Collins 239-218-6647

DATE 2/20/2014

RE: FINANCIAL DISCLOSURE-FINAL

TERMINATED POSITION W/ BONITA VILLAGE (D)

Total Pas: 7