| FORM 1  |                | STATEME                                 | NT OF        |            | 20  | 13       |  |
|---|----------------|---|--------------|------------|---|----------|--|
| Please print or type your name, mailing address, agency name, and position below.   | ow:            | FINANCIAL I                             | NTERE        |            | FOR OFFICE USE  | ONLY:    |  |
| LAST NAME - FIRST NAME - MIDD   | LE NAME<br>TO人 | · <b>〉</b> .                            |              | '14JUNZ    | 7AM 9 46 SUE LEE COFT   |          |  |
| MAILING ADDRESS: 1339 Oaklawa   | 1 B            | f.                                      |              |            |   |          |  |
| Fort Myen FL  | - 3            | 3919 LE                                 | E            |            |   |          |  |
| CITY: /   | ZIP            | COUNTY:                                 |              |            |   |          |  |
| NAME OF AGENCY: GOLF<br>Beach Road Estat<br>NAME OF OFFICE OR POSITION HE   |                | CDD AND OT SEEAL                        | HERS:<br>MAL |            |   |          |  |
| You are not limited to the space on the I   |                | is form. Attach additional sheets, if n |              | PM 6/      | 15  |          |  |
| **** BOT  | H PAI          | RTS OF THIS SECTION                     | N MUST BE    | COMPL      | ETED ****   |          |  |
| DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PLI EITHER (must check one):   |                |   |              |            |   |          |  |
| DECEMBER 31, 20   | )13            | QR 🔲 SPECIFY TAX                        | YEAR IF OTHE | ER THAN TH | IE CALENDAR YEAR:   |          |  |
| 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:  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<br>OF INCOME   |                | SOURCE'S<br>ADDRESS                     |              |            | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY                         |          |  |
| Lephar Homes  |                | 10481 Six Mik Cypic                     | s Blud. F    | Thyus      | Home Bull   | DEM      |  |
|   |                | ,                                       |              |            |   |          |  |
|   |                |   |              |            |   | <u> </u> |  |
| 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")  |                |   |              |            |   |          |  |
| · · · · · · · · · · · · · · · · · · ·   |                | OF MAJOR SOURCES ADDRESS OF SOURCE      |              |            | PRINCIPAL BUSI  |          |  |
| NA  |                |   |              |            |   |          |  |
|   |                |   |              |            |   |          |  |
| PART C - REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]  (If you have nothing to report, write "none" or "n/a")   |                |   |              |            | ILING INSTRUCTIONS for  |          |  |
| N/A   |                |   |              |            | orm and where to me the boot of the boot of the boot of the boot of page 2.     |          |  |
|   |                |   |              | IN<br>fil  | INSTRUCTIONS on who must file this form and how to fill it out begin on page 3. |          |  |

| كالمساعدة المتنوع والبداء والمساور والمناوات والمساور والمناوات وا |   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| 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 WHI                          | CH THE PROPERTY RELATES                        |  |  |  |  |  |
| NA   |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
| PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none   | .]<br>»" or "n/a")                              |  |  |  |  |  |  |
| NAME OF CREDITOR   | ADDRESS (                                       | OF CREDITOR                                    |  |  |  |  |  |
| N/A  |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [C<br>(if you have nothing to report, write "none"  |   | 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 AR   | RE CONTINUED ON A SEPARATE SHEE                 | T, PLEASE CHECK HERE                           |  |  |  |  |  |
| SIGNATURE (regulired):   | ed): DATE SIGNED (required):                    |  |  |  |  |  |  |
| SM Ble   | 4/20/2  |  |  |  |  |  |  |
| If a certified public accountant licensed under Chapte   | er 473, or attorney in good standing with the f | Florida Bar prepared this form for you, he or  |  |  |  |  |  |
| she must complete the following statement:   | orenared the CE Form 1 in accordance            | e with Section 112.3145, Florida Statutes, and |  |  |  |  |  |
| the instructions to the form. Upon my reasonable kno   | owledge and belief, the disclosure herein is tr | ue and correct.                                |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
| Signature  |   | Date   |  |  |  |  |  |
| 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 filling.

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

### 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: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

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.

Facsimiles will not be accepted.

### 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. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.

June 25, 2014

I, Dalton Drake, submit my 2014 Statement of Financial Interests for the Beach Road Golf Estates as well as the following Community Development Districts :

Heritage Harbor North Mirada Wentworth Estates Heritage Bay

Fort Myers, FL 33966 10481 Ben C Pratt/6 Mile Cypress Pkwy

# The same of the same of





92.18 9 UD.40 2018 2018 MAILED FROM 219 CODE 33366

2480 Mompson St.