FORM 1 F

FINAL STATEMENT OF FINANCIAL INTERESTS



2011

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

MAILING ADDRESS: P.O. BOX 2358 BOCA GRANDE, R. CITY: ZIP:	33921 LEE COUNTY:	NAME OF REPORTING PERSON'S AGENCY: BOCA GRANDE FORE CONTROL DISTRICT CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3): LOCAL OFFICER STATE OFFICER SPECIFIED STATE EMPLOYEE LIST OFFICE OR POSITION HELD: FRECIENTER'S PENSION BOARD MEMBER			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINA ICALINTER STS FOR THE PERIOD BETWEEN JANUARY 1, 2011 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBE) ABOVE WHICH DATE WAS					
PART A PRIMARY SOURCES OF INCO (If you have nothing to report, you NAME OF SOURCE OF INCOME MORGAN KEEGAN 1/1-4 MERRILL LYNCH 4/2/11	must write "none" or "n/a") SOUR(ADDR	CE'S ESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY INVESTMENTS INVESTMENTS		
PART B SECONDARY SOURCES OF I	NCOME [Major customers, cl	ients, and other sources of inc	ome to businesses owned by reporting person		
(If you have nothing to report, you NAME OF I NAM			PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
PART C REAL PROPERTY [Land, building (If you have nothing to report, you PRINCIPAL RESIDENCE	must write "none" or "n/a")	-	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 of this packet.		
			OTHER FORMS you may need to file are described on page 6.		

PART D — INTANGIBLE PERSONAL PROF	PERTY [Stocks, bonds, certificates of ust write "none" or "n/a")	deposit, etc.]		
TYPE OF INTANGIBLE	į BUSINES:	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
NONE				
			je venite franske	
			C	
PART E — LIABILITIES [Major debts]	und spring (for each) and (for late)		(C)445)	
(If you have nothing to report, you m	ust write "none" or "n/a")		ā	
NAME OF CREDITOR		ADDRESS OF CREDITOR		
EMIGRANT MORTBAGE	NEW YORK	, NY		
			<u> </u>	
			F	
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 SE	PARATE SHEET, PLEASE CHE		
SIGNATURE: Jun	7~	DATE SIGNED: 6/17	(1)	
/	FILING INSTRUC	TIONS:		
WHAT TO FILE: 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	WHERE TO FILE: Local officers: file with the Elections of the county in which nently reside. (If you do not permin Florida, file with the Supervisor where your agency has its headque State officers or specified ees: file with the Commission of Drawer 15709, Tallahassee, FL physical address: 3600 Macla South, Suite 201, Tallahassee, FL	h you permananently reside r of the county parters.) state employin Ethics, P.O. 32317-5709; ay Boulevard,	ing office or employment alf of 2011, you may not I for 2010. In that case, I form you will file, even F covers the final portion fice or employment. You o file Form 1 for 2010 by	