FORM 1 F	-	FINANCIAL	FEMENT OF	•	2008 JUN 11 2008 AM11:2
(TO BE FILED WITHIN 60 DAYS OF LEAV LAST NAME - FIRST NAME - MIDDLE NAME: East - Jeffrey - Alan MAILING ADDRESS: 10262 Bekrest Blvd.			ING PUBLIC OFFICE OR EMPLOYMENT) NAME OF REPORTING PERSON'S AGENCY: Artesia Community Development District CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3): LOCAL OFFICER STATE OFFICER		
Ft. Myers, FL 33913 Lee CITY: ZIP: COUNTY: ***BOTH PARTS OF THIS SEC			SPECIFIED STATE EMPLOYEE LIST OFFICE OR POSITION HELD: <u>Securitary</u>		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY F OFFICE OR EMPLOYMENT DESCF MANNER OF CALCULATING R THE LEGISLATURE ALLOWS FILER FEWER CALCULATIONS, OR USIN further details). PLEASE STATE BE COMPARATIVE (PER	FINANCIAL RIBED ABC EPORTAL S THE OP IG COMPA LOW WHE	INTERESTS FOR THE PERIO VE, WHICH DATE WAS BLE INTERESTS: TION OF USING REPORTING RATIVE THRESHOLDS, WHI THER THIS STATEMENT REP	DD BETWEEN JANUARY 1, 2 5/10/08 THRESHOLDS THAT ARE B CH ARE USUALLY BASET C FLECTS EITHER (check one):	008 AUD T	08. Date must be prior to 12/31/08)
PART A PRIMARY SOURCES OF INCOME [Major sources of incom NAME OF SOURCE OF INCOME WCI Communities, Inc. 24301 Walden C		CE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
PART B SECONDARY SOUR NAME OF BUSINESS ENTITY	I NAM	INCOME [Major customers, c IE OF MAJOR SOURCES F BUSINESS' INCOME	lients, and other sources of in ADDRESS OF SOURCE	come to bu	sinesses owned by reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C REAL PROPERTY [Land, buildings owned by the reporting person] 10262 Bekrest Blivel, Ft. Myers, FL 33913 11651 Specificitle Con. FT. Myers, FL 33513				when locate INST this f	NG INSTRUCTIONS for and where to file this form are ed at the bottom of page 2. TRUCTIONS on who must file orm and how to fill it out begin
				отн	ge 3 of this packet. ER FORMS you may need to re described on page 6.

PART D — INTANGIBLE PERSONAL PROPER TYPE OF INTANGIBLE	[Stocks, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPER	RTY RELATES		
Equity Fund	The Vanguard Group P.O. Box 2600 Valley Forme, PA 19482			
Stock - Cisco SYS Inc	5th/2rd Securities MD 1MD B2A JOSO Kingsley Dr. Cincingt: OH 45263			
YOIK	Rudential			
401 K	Citistreet			
PART E — LIABILITIES [Major debts]				
	ADDRESS OF CREDITOR			
Wells Fargo	P.O. Box 660455 Jallas, TX 75266			
Thornberg Mortgage	P.O. Box 186 Newark, NJ 07184			
		ter and the second s		
PART F — INTERESTS IN SPECIFIED BUSINE	SES [Ownership or positions in certain types of businesses] FITY # 1 BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF				
ADDRESS OF				
BUSINESS ENTITY PRINCIPAL BUSINESS		<u></u>		
ACTIVITY POSITION HELD				
WITH ENTITY				
INTEREST IN THE BUSINESS				
OWNERSHIP INTEREST				
IF ANY OF PARTS A THROUGH F A	E CONTINUED ON A SEPARATE SHEET, PLEASE (
SIGNATURE: DATE SIGNED: 5/15/08				
F]	LING INSTRUCTIONS:			
 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 	ections of the county in which you perma- netly reside. (If you do not permanently reside Florida, file with the Supervisor of the county here your agency has its headquarters.) State officers or specified state employe	leaving office or employment st half of 2008, you may not rm 1 for 2007. In that case, e last form you will file, even rm 1F covers the final portion of office or employment. You ed to file Form 1 for 2007 by		

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.

physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

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