FORM 1 F

FINAL STATEMENT OF FINANCIAL INTERESTS REPORT

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

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EMENS Judy K.		NAME OF REPORTING PERSON'S AGENCY: University Squares Community Development District			
MAILING ADDRESS:			CHECK ONE OF T	UE EOI	LOWING (see "Mine Must File" on page 3):
1901 Clifford St.	# 80) /			LOWING (see "Who Must File" on page 3):
				L OFFICI IFIED ST	ER STATE OFFICER TATE EMPLOYEE
CITY: ZIP:		COUNTY:	LIST OFFICE OR F	OSITIO	NHELD: Supervisor
ft Myers Fr	3390	1 Lee			
DISCLOSURE PERIOD:		TH PARTS OF THIS SECT	TION MUST BE CO	MPLET	ED***
			.11 27		005 AND THE LAST DATE I HELD THE PUBLIC, 2005. (Date must be prior to 12/31/05)
FEWER CALCULATIONS, OR USING further details). PLEASE STATE BEL	THE OP COMPA OW WHE	TION OF USING REPORTING RATIVE THRESHOLDS, WHIO THER THIS STATEMENT REF	CH ARE USUALLY BA	ASED ON ck one):	SOLUTE DOLLAR VALUES, WHICH REQUIRES N PERCENTAGE VALUES (see instructions for
COMPARATIVE (PER	CENTAGE	E) THRESHOLDS	<u>or</u>	DOLI	LAR VALUE THRESHOLDS
PART A PRIMARY SOURCES NAME OF SOURCE OF INCOME	OF INC	OME [Major sources of income SOURCE ADDRES	CE'S	on]	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Mironiar Development Cor	. 4 .	\$ 		236.78	100%
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PART B SECONDARY SOURCE NAME OF BUSINESS ENTITY	NAM	NCOME [Major customers, cline of MAJOR SOURCES F BUSINESS' INCOME	lients, and other source ADDRE OF SOU	ESS	ome to businesses owned by reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
				<u></u>	
		· · · · · · · · · · · · · · · · · · ·			
					
PART C REAL PROPERTY [L	and, build	ings owned by the reporting pe	erson]		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

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N//}					
PART E — LIABILITIES [Majo NAME OF CRED	or debts] ITOR	ADDRESS OF CREDITOR			
NIA					
PART F INTERESTS IN SI	PECIFIED BUSINESSES [Ownership	o or positions in certain types of businesse	es]		
1	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	_		
	DOGINEOU ENTITY # 1	DOONLEGO LIVITATA L	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	NA	DOUNESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY	NA	DOOMESS ENTITY IF E	BUSINESS ENTITY # 3		
BUSINESS ENTITY ADDRESS OF	N/A	DOUNTED CITITITY C	BUSINESS ENTITY # 3		
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD	N/A	DOUNTED CITITITY C	BUSINESS ENTITY # 3		
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY	N/A	DOUNTED ENTITY WE	BUSINESS ENTITY # 3		
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	N/A		BUSINESS ENTITY # 3		
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	N/A	D ON A SEPARATE SHEET, PLE			
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	N/A A THROUGH F ARE CONTINUE	D ON A SEPARATE SHEET, PLE			

FILING INSTRUCTIONS:

WHAT TO FILE:

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

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 you take another position within the 60-day period that requires you to file financial disclosure on Form 1 or Form 6.

WHERE TO FILE:

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: 3600 Maclay Boulevard, South, Sutie 201, Tallahassee, FL 32312.

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

NOTE:

If you are leaving office or employment during the first half of 2005, you may not have filed Form 1 for 2004. 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 2004 by July 1 of 2005.