

FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

MAILING ADDRESS :

CITY :

ZIP :

COUNTY :

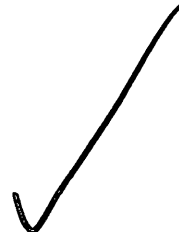
NAME OF AGENCY

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF [] CANDIDATE OR [x] NEW EMPLOYEE OR APPOINTEE

09-06-16 PM08:57



**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

[x] DECEMBER 31, 2015 OR [] SPECIFY TAX YEAR IF OTHER THAN THE 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 (must check one):

[] COMPARATIVE (PERCENTAGE) THRESHOLDS OR [x] 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")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Includes handwritten entries for Florida Lakeside and another source.

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")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Includes handwritten entries for WBE Investments and MLD Investments.

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

See Attached

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.

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 WHICH THE PROPERTY RELATES
STOCKS	PERSONAL

PART E — LIABILITIES [Major debts - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
WELLS BANK	7980 SUMMIT LN LAKES 74 MIAMI 33157
EXPRESS BANK	7920 SUMMIT LN LAKES 74 MIAMI 33157

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
		SEE ATTACHED
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		

PART G — TRAINING

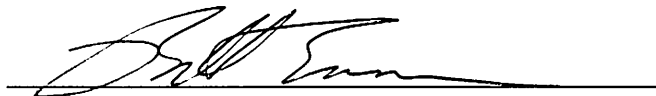
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE OF FILER:

Signature:



Date Signed:

6-10-16

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

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 filing.

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:

A candidate who previously filed Form 1 because of another public position must file a copy of his or her Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

Facsimiles will not be accepted.

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 page 3 of instructions.

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 must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2015.

REAL ESTATE INVENTORY VALUATION

2/15/2016

PROPERTY DESCRIPTION	ENTITY AND OWNER %	
3924 West Riverside Drive **	Florida Lifestyle Homes	100%
Lot M-61, Quail West	Florida Lifestyle Homes	100%
South Seas Condo #2527	Florida Lifestyle Homes	10%
NW 33rd Place	Florida Lifestyle Homes	50.0%
Lot J-148, Quail West	Florida Lifestyle Homes	100%
Lot 50, Parrot Cay	Florida Lifestyle Homes	100%

PROPERTY DESCRIPTION	ENTITY AND OWNER %	
Lot K-22, Quail West *	Sandpiper LLC	50%
Lot 78, Caloosa Preserve	Sandpiper LLC	50%
Lot 114, Caloosa Preserve	Sandpiper LLC	50%

PROPERTY DESCRIPTION	ENTITY AND OWNER %	
Lot 3 Metro	Taybil Enterprises Inc	100%

PROPERTY DESCRIPTION	ENTITY AND OWNER %	
3914 W Riverside Dr	William Ennen	100.0%

PROPERTY DESCRIPTION	ENTITY AND OWNER %	
Carissa Commercial Park	Crystal Six Mile Partners LLC Six Mile Development LLC Redhawk Partners LLC WCE Investment Holdings LLC	11.0%

PROPERTY DESCRIPTION	ENTITY AND OWNER %	
Marina II Condo #912 **	Ennen/Liemandt	25.0%

PROPERTY DESCRIPTION	ENTITY AND OWNER %	
5318 Malaluka Court **	Belmar Investments LLC	100%

PROPERTY DESCRIPTION	ENTITY AND OWNER %	
Metro Lot 7 (14440)	EM Holdings LLC	50.0%
Metro Lot 13 (14260)	EM Holdings LLC	50.0%

PROPERTY DESCRIPTION	ENTITY AND OWNER %	
2075 W. First Street	MLD Investments LLC	50.0%

PROPERTY DESCRIPTION	ENTITY AND OWNER %	

Daniels Road Showroom Warehouse	Daniels Road Showroom LLC NN Partners II LLC WCE Investment Holdings LLC	12.5%
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PROPERTY DESCRIPTION	ENTITY AND OWNER	%
Lot 5 Metro (14391)	LBE Investments LLC	50.0%

PROPERTY DESCRIPTION	ENTITY AND OWNER	%
5476/5576 Doug Taylor Circle	LIDO Warehouse LLC	25.0%
PROPERTY DESCRIPTION	ENTITY AND OWNER	%
Marina I Condo #1102 **	Ennen/Hendry	50.0%

PROPERTY DESCRIPTION	ENTITY AND OWNER	%
Alico Road Project	Three Oaks Business Center LLC FLE Partners LLC Meadowlark Real Estate Assoc	14.52%

PROPERTY DESCRIPTION	ENTITY AND OWNER	%
North Carolina 134.17 Acres	Mountain Heritage Partners	50.0%
North Carolina 98.76 Acres***	Mountain Heritage Partners	50.0%
North Carolina 40.44 Acres	Mountain Heritage Partners	50.0%
North Carolina 26.51 Acres	Mountain Heritage Partners	50.0%
North Carolina 8.62 Acres	Mountain Heritage Partners	50.0%
North Carolina 4 Acres	Mountain Heritage Partners	50.0%
North Carolina 6.12 Acres	Mountain Heritage Partners	50.0%
North Carolina 1.26 Acres	Mountain Heritage Partners	50.0%
North Carolina 43 Acres	Mountain Heritage Partners	50.0%
North Carolina 2.5 Acres	Mountain Heritage Partners	50.0%
North Carolina 5 Acres	Mountain Heritage Partners	50.0%
North Carolina 8 Acres	Mountain Heritage Partners	50.0%
North Carolina 1.58 Acres	Mountain Heritage Partners	50.0%

PROPERTY DESCRIPTION	ENTITY AND OWNER	%
The Cove @ Celo Mountain	Mountain Lifestyle Development Group Inc	62.0%

***= includes \$300,000 value for the house

** = Rented

* = golf membership included