

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

ENNED WILLIAM C

MAILING ADDRESS :

3914 W. RIVERSIDE DR.

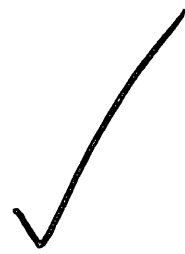
CITY : ZIP : COUNTY :

FT MYERS 33901 LEE

NAME OF AGENCY :

EXEC. REGULATORY OVERSIGHT COMMITTEE

NAME OF OFFICE OR POSITION HELD OR SOUGHT :



18JUN04PM0848 SDE Lee Co FI

PM 6/1

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

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

****** 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):

DECEMBER 31, 2017 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 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 OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
FLORIDA LIFESTYLE HOMES, INC	1433 METROPOLIS AVE Suite 101 FT MYERS, FL 33912	Builder

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")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
LBE INVESTMENTS	RENTAL PROP.	METRO/METROPOLIS	RENTAL PROP.
MLD INVESTMENTS	RENTAL PROP.	DOWNTOWN FT MYERS	RENTAL PROP.

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
BUSEY BANK	7980 SUMMERLIN LAKES, # MYERS 33907
BANK UNITED	12748 S. CLEARLAND, MYERS 33907

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.

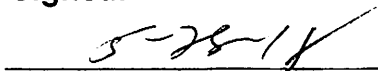
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE OF FILER:

Signature:



Date Signed:



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:

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. To determine what category your position falls under, see page 3 of instructions.

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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

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, 2017.

REAL ESTATE INVENTORY VALUATION

5/29/2018

PROPERTY DESCRIPTION	ENTITY AND OWNER %
3924 West Riverside Drive	Florida Lifestyle Homes 100%
South Seas Condo #2527	Florida Lifestyle Homes 10%
Lot 19, Parrot Cay-Key Largo *	Florida Lifestyle Homes 100%
Lot A-8, Quail West	Florida Lifestyle Homes 100%
Lot H-1, Quail West	Florida Lifestyle Homes 100%
Lot 175, Babcock Ranch-Taylor *	Florida Lifestyle Homes 100%
Lot 18, Babcock Ranch-Lauren *	Florida Lifestyle Homes 100%
Lot 176 Babcock Ranch-Sydney *	Florida Lifestyle Homes 100%
Lot 17, Babcock Ranch	Florida Lifestyle Homes 100%
Lot 177, Babcock Ranch	Florida Lifestyle Homes 100%
Lot 178, Babcock Ranch	Florida Lifestyle Homes 100%
Lot 179, Babcock Ranch	Florida Lifestyle Homes 100%

PROPERTY DESCRIPTION	ENTITY AND OWNER %
Lot K-22, Quail West	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 11.0% LLC Six Mile Development LLC Redhawk Partners LLC WCE Investment Holdings LLC

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

PROPERTY DESCRIPTION	ENTITY AND OWNER %
Metro Lot 7 (14440)	EM Holdings LLC 100.0%
Metro Lot 13 (14260)	EM Holdings LLC 100.0%

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%

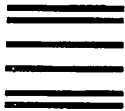
PROPERTY DESCRIPTION	ENTITY AND OWNER	%
Alico Road Project	Three Oaks Business Center LLC FLE Partners LLC Meadowlark Real Estate Assoc	14.52%

PROPERTY DESCRIPTION	ENTITY AND OWNER	%
North Carolina 134.17 Acres	Mountain Heritage Partners	50.0%
North Carolina 84.18 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%

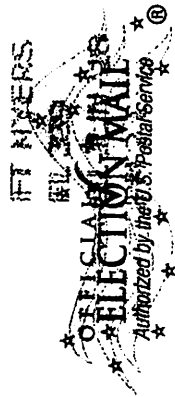
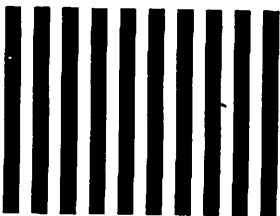
PROPERTY DESCRIPTION	ENTITY AND OWNER	%
The Cove @ Celo Mountain	WCE Investment Holdings	20.0%

* = Market value is at selling price of spec/model

** = Rented



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1021 FT MYERS FL

POSTAGE WILL BE PAID BY ADDRESSEE

SUPERVISOR OF ELECTIONS
PO BOX 2545
FORT MYERS FL 33902-9888



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