

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2021

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

ENNEN-BILL-C

MAILING ADDRESS :

381 Norwood Court

CITY :

Fort Myers

ZIP :

33919

COUNTY :

Lee

NAME OF AGENCY :

Exec Regulatory Oversight Committee

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

✓ AC
8/25

20210825 9:41 Lee Co FI

**** THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.

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.	14311 Metropolis Ave. Suite 101 Fort 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 Property	Metro/Metropolis	Rental
E-m Holdings	Rental Property	Metropolis	Rental

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.

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

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

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, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 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:

Bill Enne

Date Signed:

8-24-2022

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), send it to CEForm1@leg.state.fl.us and retain a copy for your records. 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.

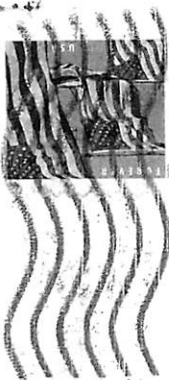
Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.

REAL ESTATE INVENTORY VALUATION

	12/31/2021	
PROPERTY DESCRIPTION	Entity	Ownership
Lot 17, Babcock Ranch	Florida Lifestyle Homes	100.00%
Lot 177, Babcock Ranch - Annette	Florida Lifestyle Homes	100.00%
Lot 178, Babcock Ranch	Florida Lifestyle Homes	100.00%
Lot 187, Babcock Ranch - Jane	Florida Lifestyle Homes	100.00%
Lot 179, Babcock Ranch	Florida Lifestyle Homes	100.00%
Lot 482, Babcock Ranch	Florida Lifestyle Homes	100.00%
Lot 24, Quail West-St. Johns	Florida Lifestyle Homes	100.00%
Lot 1, West Bay	Florida Lifestyle Homes	100.00%
2950 McGregor Blvd	Florida Lifestyle Homes	100.00%
PROPERTY DESCRIPTION	ENTITY AND OWNER %	
Misc Lots in Lee County FL	Five Six LLC	50.00%
PROPERTY DESCRIPTION	ENTITY AND OWNER %	
Lot 114, Caloosa Preserve	Sandpiper LLC	50.00%
PROPERTY DESCRIPTION	ENTITY AND OWNER %	
Lot 3 Metro	Taybil Enterprises Inc	100.00%
PROPERTY DESCRIPTION	ENTITY AND OWNER %	
Carissa Commercial Park	Crystal Six Mile Partners LLC	11.00%
PROPERTY DESCRIPTION	ENTITY AND OWNER %	
Metro Lot 7 (14440)	EM Holdings LLC	100.00%
Metro Lot 13 (14260)	EM Holdings LLC	100.00%
PROPERTY DESCRIPTION	ENTITY AND OWNER %	
Lot 5 Metro (14391)	LBE Investments LLC	50.00%
PROPERTY DESCRIPTION	ENTITY AND OWNER %	
5476/5576 Doug Taylor Circle	LIDO Warehouse LLC	25.00%
PROPERTY DESCRIPTION	ENTITY AND OWNER %	
Alico Road Project	Three Oaks Business Center L	14.52%
PROPERTY DESCRIPTION	ENTITY AND OWNER %	
The Cove @ Celo Mountain	Celo Vacant Lots	50.00%
* = Market value is at selling price of spec/model		
** = Under construction		

Florida Lifestyle Homes Inc.
14311 Metropolis Ave. #101
Ft. Myers, FL 33912

FT MYERS FL 339
25 AUG 2022 PM 1



Supervisor of Elections
P.O. BOX 2545
Fort Myers, FL 33902

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