

Lee County Supervisor of Elections
Constitutional Complex
PO Box 2545
Ft Myers, Fl 33902-2545

Attention: Bernie Feliciano

Notification of Resignation from Community Development Districts, Board of Supervisor for:

Please find Form 1F and Letters of Resignation for the following properties:

Palma Sola Trace – Manatee County

CFM – Lee County

Portico – Lee County

Lucaya – Lee County

Channing Park – Hillsborough County

If you need any additional information, I can be reached at 813-334-7557.

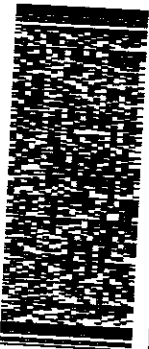
Terry Foote
512 1st Ave So.
Tierra Verde, Fl 33715

Post
net
re

From: Origin: SRQA (941) 371-3008
Terry Fooks
1300 Madison
501 N. Coakley Rd
Suite 100
Beverly, FL 34222



SHIP TO: (239) 533-9883 BNL MEMBER
Bernie Feliciano
Lee County Supervisor of Elections
2480 THOMPSON ST
FORT MYERS, FL 33901



Ship Date: 04/11/09
Account: 1018
CID: 3083420/NET/980
Accession #: 5
Delivery Address Bar Code



Ref #
Invoice #
PO #
Dist #

Page 1 of 1

TRK# 7978 0783 5370
FRI - 31 JUL A1
STANDARD OVERNIGHT

XHFMYA
33901
FL-AUS
RSW



3x, maximum
weight or
dimensions
of
pieces
allowed
per
package

00247 4747

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

LAST NAME — FIRST NAME — MIDDLE NAME:

FOOTE TERRY LEE

MAILING ADDRESS:

501 N. CATTLEMEN RD

SUITE 100

CITY: SARASOTA ZIP: 34232 COUNTY: SARASOTA

NAME OF REPORTING PERSON'S AGENCY:

CFM COMMUNITY DEVELOPMENT DISTRICT
LEE COUNTY FL.

CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):

- LOCAL OFFICER
- STATE OFFICER
- SPECIFIED STATE EMPLOYEE

LIST OFFICE OR POSITION HELD: CDD BOARD MEMBER

BOTH PARTS OF THIS SECTION MUST BE COMPLETED

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2009 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS 6-30-09, 2009. (Date must be prior to 12/31/09)

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS 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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

- COMPARATIVE (PERCENTAGE) THRESHOLDS
- OR
- DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
TAYLOR MORGANSON OF FL INC.	501 N. CATTLEMEN RD, SARASOTA, FL. 34232	REAL ESTATE DEVELOPMENT

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NONE			

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

512 1st AVE SO., TIERKA VERDE, FL., 33715
2503 OAK LANDING DR, BRANDON, FL. 33511

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.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

RETIREMENT SAVINGS

401, IRA & ANNUITY

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

NONE

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

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

NAME OF BUSINESS ENTITY

NONE

ADDRESS OF BUSINESS ENTITY

PRINCIPAL BUSINESS ACTIVITY

POSITION HELD WITH ENTITY

DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS

NATURE OF MY OWNERSHIP INTEREST

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

SIGNATURE:



DATE SIGNED:

6-30-09

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 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 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.

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, Suite 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 2009, you may not have filed Form 1 for 2008. 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 2008 by July 1 of 2009.

CFM Community Development District
Lee County, Florida

Re: Resignation

Please accept this letter as notification that I am resigning from my position of the CFM
Community Development District Board of Supervisors effective 6-30-09

A handwritten signature in black ink, appearing to read 'Terry Foote', with a stylized flourish at the end.

Terry Foote

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

LAST NAME — FIRST NAME — MIDDLE NAME: FOOTE TERRY LEE			NAME OF REPORTING PERSON'S AGENCY: CHANNING PARK COMMUNITY DEVELOPMENT DISTRICT HILLSBOROUGH COUNTY FL		
MAILING ADDRESS: 501 N. CATTLEMEN RD			CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3): <input checked="" type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER <input type="checkbox"/> SPECIFIED STATE EMPLOYEE		
SUITE 100			LIST OFFICE OR POSITION HELD: LDD BOARD MEMBER		
CITY: SARASOTA	ZIP: 34232	COUNTY: SARASOTA			

BOTH PARTS OF THIS SECTION MUST BE COMPLETED

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COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
TAYLOR MORGANSON OF FL INC.	501 N. CATTLEMEN RD, SARASOTA, FL. 34232	REAL ESTATE DEVELOPMENT

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NONE			

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

512 1st AVE SO., TIEKA VERDE, FL. 33715
2503 OAK LANDING DR, BRANDON, FL. 33511

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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

RETIREMENT SAVINGS

401, IRA & ANNUITY

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

NONE

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

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

NAME OF BUSINESS ENTITY

NONE

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

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

SIGNATURE:

DATE SIGNED:

6-30-09

FILING INSTRUCTIONS:

WHAT TO FILE:

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WHEN TO FILE:

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

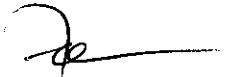
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Channing Park Community Development District
Hillsborough County, Florida

Re: Resignation

Please accept this letter as notification that I am resigning from my position of the Channing Park Community Development District Board of Supervisors effective 6-30-09

A handwritten signature in black ink, appearing to be 'Terry Foote', with a long horizontal line extending to the right.

Terry Foote

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

RETIREMENT SAVINGS

401, IRA & ANNUITY

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

NONE

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

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

NAME OF BUSINESS ENTITY

NONE

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

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

SIGNATURE:



DATE SIGNED:

6-30-09

FILING INSTRUCTIONS:

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Lucaya Community Development District
Lee County, Florida

Re: Resignation

Please accept this letter as notification that I am resigning from my position of the Lucaya
Community Development District Board of Supervisors effective 6-30-09

A handwritten signature in black ink, appearing to read 'Terry Foote', with a long horizontal line extending to the right.

Terry Foote

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

LAST NAME — FIRST NAME — MIDDLE NAME: FOOTE TERRY LEE		NAME OF REPORTING PERSON'S AGENCY: PALMA SOLA TRACE COMMUNITY DEVELOPMENT DISTRICT MANATEE COUNTY, FL	
MAILING ADDRESS: 501 N. CATTLEMEN RD		CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3): <input checked="" type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER <input type="checkbox"/> SPECIFIED STATE EMPLOYEE	
SUITE 100		LIST OFFICE OR POSITION HELD: LDD BOARD MEMBER	
CITY: SARASOTA	ZIP: 34232	COUNTY: SARASOTA	

BOTH PARTS OF THIS SECTION MUST BE COMPLETED

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PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
TAYLOR MORRISON OF FL INC.	501 N. CATTLEMEN RD, SARASOTA, FL, 34232	REAL ESTATE DEVELOPMENT

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NONE			

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

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TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

RETIREMENT SAVINGS

401, IRA & ANNUITY

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

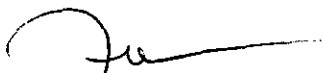
NONE

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NONE		
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			

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

SIGNATURE:



DATE SIGNED:

6-30-09

FILING INSTRUCTIONS:

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Palma Sola Trace Community Development District
Manatee County, Florida

Re: Resignation

Please accept this letter as notification that I am resigning from my position of the Palma Sola Trace Community Development District Board of Supervisors effective 6-30-09

A handwritten signature in black ink, appearing to read 'Terry Foote', with a long horizontal stroke extending to the right.

Terry Foote

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

LAST NAME — FIRST NAME — MIDDLE NAME: FOOTE TERRY LEE			NAME OF REPORTING PERSON'S AGENCY: PORTRICO COMMUNITY DEVELOPMENT DISTRICT LEE COUNTY FL		
MAILING ADDRESS: 501 N. CATTLEMEN RD			CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):		
SUITE 100			<input checked="" type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER		
CITY: ZIP: COUNTY:			<input type="checkbox"/> SPECIFIED STATE EMPLOYEE		
SARASOTA 34232 SARASOTA			LIST OFFICE OR POSITION HELD: CDD BOARD MEMBER		

BOTH PARTS OF THIS SECTION MUST BE COMPLETED

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TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

RETIREMENT SAVINGS

401, IRA & ANNUITY

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

NONE

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

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

NAME OF BUSINESS ENTITY

NONE

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

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

SIGNATURE:

DATE SIGNED:

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Portico Community Development District
Lee County, Florida

Re: Resignation

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Terry Foote