FORM 1	STATEM	ENT OF		2012
Please print or type your name, mailing address, agency name, and position belo	w. FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:
LAST NAME - FIRST NAME - MIDDI GABOR STEPHEN CO MAILING ADDRESS:				i
	ER CIRCLE			
				/ <u> </u>
CITY: CAPE CORAL NAME OF AGENCY: PALERMO COMMUNITY NAME OF OFFICE OR POSITION HE		CT		13JUN100M0914SDELEECOF
ASSISTANT SECRETAR				\$~~
You are not limited to the space on the li CHECK ONLY IF	nes on this form. Attach additional sheets OR NEW EMPLOYEE OR A			•
**** BOT DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU	H PARTS OF THIS SECT			
YEAR OR ON A FISCAL YEAR. PLE EITHER (must check one): DECEMBER 31, 20	EASE STATE BELOW WHETHER TH		PRECE	DING TAX YEAR ENDING
MANNER OF CALCULATING REPORTHE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATION (see instructions for further details).	S THE OPTION OF USING REPOR'S, OR USING COMPARATIVE THRE	SHOLDS, WHICH ARE USU	RE ABSO ALLY BA	DLUTE DOLLAR VALUES, WHICH SED ON PERCENTAGE VALUES
COMPARATIVE (P	ERCENTAGE) THRESHOLDS	OR DOLLAR	VALUE	THRESHOLDS
PART A PRIMARY SOURCES OF I	NCOME [Major sources of income to to port, you must write "none" or "n/a"]		ctions]	
NAME OF SOURCE SOURCE'S OF INCOME ADDRESS				SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
LENNAR HOMES LLC		CYPRESS PARKWAY		OME BUILDING
				
	OF INCOME and other sources of income to busines port, write "none" or "n/a")	ses owned by the reporting per	son - See	instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME			PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NA				
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, you must write "none" or "n/a")			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.	
2221 CAPE HEATHER CIR, CAPE CORAL, FL 33991				
			file th	RUCTIONS on who must is form and how to fill it egin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions] (If you have nothing to report, you must write "none" or "n/a")							
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
NA			DOSINESS ENTITY TO WHICH	THE PROPERTY RELATES			
<u> /v / </u>		<u> </u>					
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, you must write "none" or "n/a")							
NAME OF CREDITOR		ADDRESS OF CREDITOR					
CENLAR - CONVENTIONAL LOAN		PO BOX	211091 EAGAN , 1	MN. 08628			
CEPTING CONTENTION OF THE PARTY							
							
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, you must write "none" or "n/a")							
	BUSINES	S ENTITY #1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	NA			ļ			
ADDRESS OF BUSINESS ENTITY				3.101/1021/1951			
PRINCIPAL BUSINESS ACTIVITY				Ú Ú			
POSITION HELD WITH ENTITY		· · · · · · · · · · · · · · · · · · ·		9			
I OWN MORE THAN A 5%				12			
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 (required): DATE SIGNED (required):							
Sy Se 6/7/13							
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:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

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.

Candidates file this form together with their qualifying papers.

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

Facsimiles will not be accepted.

WHEN TO FILE:

Initially, each local officer/employe state officer, and specified state employe must file within 30 days of the date his or her appointment or of the beginnir of employment. Appointees who must the confirmed by the Senate must file prior confirmation, even if that is less than 3 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file the qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold the positions.

Finally, at the end of office or employme each local officer/employee, state officer, a specified state employee is required to file final disclosure form (Form 1F) within 60 days of leaving office or employment. However filing a CE Form 1F (Final Statement Financial Interests) does not relieve the first of filing a CE Form 1 if he or she was in the position on December 31, 2012.

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

CAIE CORAL, FL 33991 2221 CAPE HEATHER CIK STEPHEN GABOR



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