FORM 1	STATEM	IENT OF	20	2005				
Please print or type your name, mailing address, agency name, and position below:	FINANCIAI	INTERESTS						
LAST NAME FIRST NAME MIDDLE N	AME :	FOR O						
Greeley John F.	USE OF							
23451 Olde Megdowbn	ok Circle		Mos	<del></del>				
			ID Code	•				
CITY:	ZIP: COUNTY:			92				
	4134 LCC		ID No.	Ē				
NAME OF AGENCY:				<b>\tau_{\text{3}}</b>				
Mediferra North Comm NAME OF OFFICE OR POSITION HELD O	unity Development	District	Conf. Code	녆				
Assi's tant Secretary	R SOUGHT:		P. Req. Code	<u>\$</u>				
CHECK ONLY IF CANDIDATE OR	NEW EMPLOYEE OR A	ADDOINTEE		.07.JUL18PM121450ELee				
CHECK ONLY IF CANDIDATE OR	NEW EMPLOYEE OR	APPOINTEE		PDF 2605				
	**BOTH PARTS OF THIS SEC	CTION MUST BE COMPLETED*	**	ţn.e				
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINA				: 2 2 2N				
A FISCAL YEAR. PLEASE STATE BELOW	WHETHER THIS STATEMENT	RECEDING TAX YEAR, WHE IT IS FOR THE PRECEDING TAX	HER BASED ON A CALENDAR TEA YEAR ENDING EITHER (check one	AR OR ON ):				
DECEMBER 31, 2005	OR SPECIF	Y TAX YEAR IF OTHER THAN	THE CALENDAR YEAR:	· · · · · · · · · · · · · · · · · · ·				
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) TI			R (check one): DOLLAR VALUE THRESHOLDS					
PART A PRIMARY SOURCES OF INCO								
NAME OF SOURCE OF INCOME	SOL	the reporting person] URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY					
The Bonita Bay Group	9990 Coconnt Md	Benita Springs FL	Land Develope-					
	The Court is	On the Opening	Contract Contract					
, , , , , , , , , , , , , , , , , , , ,								
DADT D. GEGOVEN DV COURCES OF IN								
PART B SECONDARY SOURCES OF IN  NAME OF IN	ICOME [Major customers, clients IAME OF MAJOR SOURCES	and other sources of income to ADDRESS	businesses owned by the reporting PRINCIPAL BUSI	-				
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE	ACTIVITY OF SO					
NA								
PART C REAL PROPERTY [Land, build	on]	FILING INSTRUCTIONS for when						
	-	and where to file this form a ed at the bottom of page 2.						
23451 Olde Megdowbrow	Springs,	. •						
FL 34134		INSTRUCTIONS on who must file this form and how to fill it out begin						
			on page 3.	_				
		Ī	OTHER FORMS you may	i				

PÅRT D — INTANGIBLE PERS TYPE OF INTANG	ONAL PROPERTY [Stoo	cks, bonds,			TY TO W	HICH THE PF	ROPERTY RELATES	
NIA								
				*******				
****								
PART E — LIABILITIES [Major debts] NAME OF CREDITOR			ADDRESS OF CREDITOR					
AURORA (OAN SERVERS		10350	Park	Mradows	Dn	Little	ton, CO BOIZY	
				······				
PART F — INTERESTS IN SPEC	IFIED BUSINESSES [O	wnership or	positions in	n certain types of	businesse	es]		
NAME OF	BUSINESS ENTITY # 1			BUSINESS E	BUSINESS ENTITY # 2 BUSINESS ENTITION			
BUSINESS ENTITY ADDRESS OF	W/M							
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 (required): DATE SIGNED (required): 7/16/07						uired): 7/16/07		
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).

Facsimiles will not be accepted.

### 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; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

**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.

# 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** for publicly-elected local office must file at the same time they file their 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 their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

The Bonita Bay Group

02 1A **\$ 00.410** 0004323147 JUL 16 2007 MAILED FROM ZIP CODE 34135

CEE COUNTY SUMERIVISON
OF ELECTRONS
2480 Thompson St.
POBOX 2545
FOLT MYERS, FL 33902