FORM 1	STATEM	MENT OF		2004				
Please print or type your name, mailing address, agency name, and position below	FINANCIAI	LINTERESTS						
LAST NAME FIRST NAME MIDDLE NAME : FOR OFFICE								
Green Kalbe	erine Causa	USE ON	ILY: SUP	RE				
Green Kalberine Causey MAILING ADDRESS: 1307 Plumosa Drive D Code To Barbara Drive								
		1	Jo Code					
CITY:		ID No.	PH 12: 59					
NAME OF AGENCY: J Me Citerra North Community Dev. D. strict								
	ommunity Dev.	D.strict	Inf Code	0.45 0.45				
NAME OF OFFICE OR POSITION HELD LECCAL Africar - B	on Sought:	1	P. Řeq. Code					
	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 (check one):								
DECEMBER 31, 2004		Y TAX YEAR IF OTHER THAN T	HE CALENDAR Y	EAR:				
MANNER OF CALCULATING REPORTATIVE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, (THE OPTION OF USING REPO							
instructions for further details). PLEASE	STATE BELOW WHETHER THIS S	STATEMENT REFLECTS EITHER	R (check one):	·				
			DOLLAR VALUE TI	HRESHOLDS				
NAME OF SOURCE	so	[Major sources of income to the reporting person] SOURCE'S		ON OF THE SOURCE'S				
OF INCOME	9990 Coconut			BUSINESS ACTIVITY				
The Boruta Day Group Bonta Spring Fl 3413 Adelaide Fairborles Trust Nat'l City Trust		City Trust Div.	Resident Jamil					
P.O. Box 94777			1 ~7720	y mass				
		OH. 44101-4777						
PART B SECONDARY SOURCES OF	INCOME [Major customers, clients	s, and other sources of income to	businesses owned	by the reporting person]				
NAME OF BUSINESS ENTITY	1		1 .	PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
		<u> </u>						
PART C REAL PROPERTY [Land, bu		TRUCTIONS for when file this form are locatom of page 2.						
		ONS on who must file						
	this form and on page 3.	how to fill it out begin						
				RMS you may need to bed on page 6.				

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
Various Mutual Funds		Personal				
T.R.A.		()				
40a Gull Bank		ч				
, 0						
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR				
Fla. Gull Bank		2247 Linst St., Ft. Myers, FR 33901				
6		d d				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]						
	BUSINESS ENTI	TY#1	Y#1 BUSINESS ENTITY#2 BUSINESS ENTIT			
NAME OF BUSINESS ENTITY						
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 (required):	Therene Co	1	DATE SIGNED (required):			
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.

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.

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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.