FORM 1	STATEM	ENT OF	2007		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	NOL		
LAST NAME FIRST NAME MIDDLE I		FOR OF	FFICE		
HARRIS - ANTHOMAILING ADDRESS:	NY - ERIC	USE ON	√LY:		
12053 Country	DAY CIRCLE		ı ID Code		
			ID Gode	8	
FORL MYERS NAME OF AGENCY:	ZIP: COUNTY:	re e	ID No.	SDE SEZOMALINDERO	
NAME OF AGENCY: Mediterra South C	CDD		Conf. Code		
NAME OF OFFICE OR POSITION HELD	OR SOUGHT :		P. Req. Code	8	
Assistant Secreta					
You are not limited to the space on the lines		•		PDF 2007	
CHECK ONLY IF CANDIDATE O	NEW EMPLOYEE OR AF	PPOINTEE			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FIN A FISCAL YEAR. PLEASE STATE BELOV		ECEDING TAX YEAR, WHETH	IER BASED ON A CALENI		
DECEMBER 31, 2007	_	TAX YEAR IF OTHER THAN T	•		
MANNER OF CALCULATING REPORTAE THE LEGISLATURE ALLOWS FILERS T REQUIRES FEWER CALCULATIONS, OF instructions for further details). PLEASE S COMPARATIVE (PERCENTAGE) T	THE OPTION OF USING REPORT R USING COMPARATIVE THRESH TATE BELOW WHETHER THIS STA	HOLDS, WHICH ARE USUALL ATEMENT REFLECTS EITHER	Y BASED ON PERCENT		
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person NAME OF SOURCE SOURCE'S ADDRESS			DESCRIPTION OF T PRINCIPAL BUSIN		
Bonita Bay Group	9990 Cocanited S	ulk 200 Bunik Spryjo	Parl Take Land	Development	
10011110/12-12-1	PC 34135	0/16 200 2011	1/24 63		
PART B SECONDARY SOURCES OF NAME OF BUSINESS ENTITY	INCOME [Major customers, clients, a NAME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income to ADDRESS OF SOURCE	PRINCI	e reporting person] IPAL BUSINESS TY OF SOURCE	
Nove					
1000					
PART C REAL PROPERTY [Land, buil	dings owned by the reporting persor	n]	FILING INSTRUC and where to file thi ed at the bottom of	is form are locat-	
Nove			INSTRUCTIONS this form and how to on page 3.	on who must file	
			OTHER FORMS	you may need to	
			file are described or		

PART D — INTANGIBLE PERSO TYPE OF INTANG	-	ks, bonds, certif			HICH THE	PROPERTY RELAT	ΓES	
N XUN PE							·	
			<u> </u>					
								Ö
								E
								08JIUN179
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR						
Central Mortgage C	ionpany	801 Jan	n Barrow	, Stel	Litte	Rock , AR	7225	出
•					,			8
								<u> </u>
								··
		<u> </u>						
PART F — INTERESTS IN SPEC	IFIED BUSINESSES [O	wnership or posi	tions in certain typ	es of business	ses]			
	BUSINESS ENTITY # 1		BUSINE	SS ENTITY #	‡ 2	BUSINES	SS ENTITY # 3	
NAME OF BUSINESS ENTITY	NIME							_
ADDRESS OF BUSINESS ENTITY	100.0							
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 AR	E CONTINUE	ED ON A SEPA	ARATE SH	EET, PLE	ASE CHECK H	IERE 🔲	
SIGNATURE (required):	75/4			DATE	SIGNED (r	equired): 6//	11/08	

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.

FILING INSTRUCTIONS:

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.

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.

Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS	
LAST NAME FIRST NAME MIDDLE NAME: FOR OFFICE	
HARRIS - ANTHONY - ERIC USE ONLY: MAILING ADDRESS:	
12053 Country Day CIR	
ID Code	
CITY: ZIP: COUNTY:	
Fort Myers 33913 Lee ID No.	ති
Mediterra North COD Conf. Code	08JUN17PM0236SDE
NAME OF OFFICE OR POSITION HELD OR SOUGHT: P. Req. Code	780
Assistant Secretary	- B
You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. CHECK ONLY IF CANDIDATE 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 (
A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one): DECEMBER 31, 2007 OR SPECIFY 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, WHI REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (\$	CH ee
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 SOURCE'S DESCRIPTION OF THE SOURCE'S	
OF INCOME ADDRESS PRINCIPAL BUSINESS ACTIVITY	w
Bornita Bay Group 9990 Coronut Rd Ste 200 Burnita Spring Red Estate Land Deve	lope
PL 34135	
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]
NAME OF NAME OF MAJOR SOURCES ADDRESS PRINCIPAL BUSINESS BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCE ACTIVITY OF SOURCE	
None	
PART C REAL PROPERTY [Land, buildings owned by the reporting person] FILING INSTRUCTIONS for will and where to file this form are local	
Nove ed at the bottom of page 2.	•
INSTRUCTIONS on who must fi this form and how to fill it out begi	
on page 3.	"

PART D — INTANGIBLE PERS	SONAL PROPERTY [Stoo	cks, bonds, certifi	cates of deposit, etc.]		
TYPE OF INTAN	GIBLE		BUSINESS ENTITY TO WHICH T	HE PROPERTY RELATES	_ <u>;</u>
None					BCS BEEZDWALINITING
					<u> </u>
					7
					R
					_ ₩
					<u> </u>
					8
PART E — LIABILITIES [Major	r debts1				
NAME OF CREDITOR		ADDRESS OF CREDITOR			Ī
Central Montgos	. Cmma	801 106	n Borrow Stel, Lit	1.0.1 AR 700.5	
CINCHOS, INCH. Sun	C COMPANY	001 001	A DOMON SET, CIT	Herok, AR 72205	
PART F — INTERESTS IN SPEC	CIFIED BUSINESSES [O	wnership or positi	ons in certain types of businesses]		1
	I BUSINESS ENT		BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY				DOONLEGG ENTITY #3	
ADDRESS OF	Nove	·			
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 DARTO	A TUDOUGUE A DE				
IF ANY OF PARTS	A THROUGH F ARE	CONTINUE	O ON A SEPARATE SHEET, P	LEASE CHECK HERE	
SIGNATURE (required):	0/1/		DATE SIGNED	(required):	
	15//		DATE SIGNED	(11/08	
				G1117-0	

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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.

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