

FORM 1**STATEMENT OF****2010**

Please print or type your name, mailing address, agency name, and position below:

FINANCIAL INTERESTSFOR OFFICE
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

11SEP02M08215NE Lee Co 11

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Hoolihan, Thomas Peter

MAILING ADDRESS :

7200 Coon Rd.

CITY :

North Fort Myers Fl.

ZIP :

33917

COUNTY :

Lee

NAME OF AGENCY :

Industrial Development Authority

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Member/Director

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 ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):



DECEMBER 31, 2010

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, 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 (must check one):



COMPARATIVE (PERCENTAGE) THRESHOLDS

OR



DOLLAR VALUE THRESHOLDS

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

(If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Tommy Hoolihan Real Estate and Lifestyle Centers	2787 N. Tamiami Tr. North Fort Myers, Fl	Real Estate Brokerage

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

(If you have nothing to report, you must write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Vision One Realty Group	Commissions	2787 N. Tamiami Tr.	Real Estate Brokerage
		North Fort Myers, 33917	
Riverbend Golf Course	Ordinary golf revenues	6270 Riverclub Ct.	Golfcourse operations
		North Fort Myers, Fl.	

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

(If you have nothing to report, you must write "none" or "n/a")

SEE ATTACHED EXHIBIT A


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.**OTHER FORMS** you may need to file are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] (If you have nothing to report, you must write "none" or "n/a")			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
Common Stock	Southwest Capital Bank		

PART E — LIABILITIES [Major debts] (If you have nothing to report, you must write "none" or "n/a")	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Suntrust Bank	Atlanta, Georgia
Busey Bank	Champagne, Ill.
Montgomery Bank	Sikes Mo.

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses] (If you have nothing to report, you must write "none" or "n/a")			
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Riverbend Golf Course		
ADDRESS OF BUSINESS ENTITY	6270 River Club Ct.		
PRINCIPAL BUSINESS ACTIVITY	Golf Course/Liquor sales		
POSITION HELD WITH ENTITY	President		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	Owner/Operator		

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

SIGNATURE (required): 	DATE SIGNED (required): August 17, 2011
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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.



Exhibit A

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Search results

STRAP	Owner	Site Address	Links
20-46-25-05-00006.0120	COCONUT SHORES DEVELOPMENT INC	3858 UNIQUE CIR FORT MYERS, FL 33908	2010 TRIM Aerial Viewer
20-46-25-05-00006.0140	COCONUT SHORES DEVELOPMENT INC	3850 UNIQUE CIR FORT MYERS, FL 33908	2010 TRIM Aerial Viewer
31-43-25-00-00015.2000	COCONUT SHORES DEVELOPMENT INC	NORTH FORT MYERS, FL 33917	2010 TRIM Aerial Viewer

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STRAP	Owner	Site Address	Links
20-46-25-05-00006.0010	COCONUT SHORES DEVELOPMENT INC	3501 UNIQUE CIR FORT MYERS, FL 33908	2010 TRIM Aerial Viewer
20-46-25-05-00006.0020	COCONUT SHORES DEVELOPMENT INC	3505 UNIQUE CIR FORT MYERS, FL 33908	2010 TRIM Aerial Viewer
20-46-25-05-00006.0030	COCONUT SHORES DEVELOPMENT INC	3509 UNIQUE CIR FORT MYERS, FL 33908	2010 TRIM Aerial Viewer
20-46-25-05-00006.0040	COCONUT SHORES DEVELOPMENT INC	3513 UNIQUE CIR FORT MYERS, FL 33908	2010 TRIM Aerial Viewer
20-46-25-05-00006.0050	COCONUT SHORES DEVELOPMENT INC	3517 UNIQUE CIR FORT MYERS, FL 33908	2010 TRIM Aerial Viewer
















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STRAP	Owner	Site Address	Links
29-43-25-02-00004.0020	VISION ONE MANAGEMENT GRP INC	16400 DAUGHTREYS CREEK RD NORTH FORT MYERS, FL 33917	2010 TRIM Aerial Viewer
29-43-25-02-00007.0000	VISION ONE MANAGEMENT GRP INC	190 SANDRA DR NORTH FORT MYERS, FL 33917	2010 TRIM Aerial Viewer
31-43-25-00-00011.0000	VISION ONE MANAGEMENT GRP INC	7252/56 COON RD NORTH FORT MYERS, FL 33917	2010 TRIM Aerial Viewer
31-43-25-06-00001.A0CE	VISION ONE MANAGEMENT GRP INC	2050 INDIAN CREEK DR NORTH FORT MYERS, FL 33917	2010 TRIM Aerial Viewer
31-43-25-09-00003.07CE	VISION ONE MANAGEMENT GRP INC	716 RIVERBEND RD NORTH FORT MYERS, FL 33917	2010 TRIM Aerial Viewer

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STRAP	Owner	Site Address	Links
31-43-25-28- 00000.0040	VISION ONE MANAGEMENT GRP INC	6450 RIVER CLUB CT NORTH FORT MYERS, FL 33917	2010 TRIM Aerial Viewer

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Search results

STRAP	Owner	Site Address	Links
31-43-25-03-0000A.0240	HOOLIHAN THOMAS + KERREY	1934 FLAMINGO DR NORTH FORT MYERS, FL 33917	2010 TRIM Aerial Viewer
31-43-25-23-0000A.01CE	HOOLIHAN THOMAS P		2010 TRIM Aerial Viewer
31-43-25-00-00022.002D	HOOLIHAN THOMAS P + KERREY	6452 RIVER CLUB CT NORTH FORT MYERS, FL 33917	2010 TRIM Aerial Viewer
31-43-25-02-00007.00C0	HOOLIHAN THOMAS P + KERREY Z	7299 COON RD NORTH FORT MYERS, FL 33917	2010 TRIM Aerial Viewer
31-43-25-00-00021.0060	HOOLIHAN THOMAS P JR + KERREY	7190 COON RD NORTH FORT MYERS, FL 33917	2010 TRIM Aerial Viewer

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31-43-25-00-00021.0070	HOOLIHAN THOMAS P JR + KERREY	7200 COON RD NORTH FORT MYERS, FL 33917	2010 TRIM Aerial Viewer
31-43-25-00-00021.0090	HOOLIHAN THOMAS P JR + KERREY	7186 COON RD NORTH FORT MYERS, FL 33917	2010 TRIM Aerial Viewer
31-43-25-03-0000C.0000	HOOLIHAN THOMAS P JR + KERREY	2271 FLAMINGO DR NORTH FORT MYERS, FL 33917	2010 TRIM Aerial Viewer
31-43-25-13-00000.0160	HOOLIHAN THOMAS P JR + KERREY	6350 P G A DR NORTH FORT MYERS, FL 33917	2010 TRIM Aerial Viewer
31-43-25-00-00023.0020	HOOLIHAN THOMAS P SR	6340 RIVER CLUB CT NORTH FORT MYERS, FL 33917	2010 TRIM Aerial Viewer

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STRAP	Owner	Site Address	Links
31-43-25-00-00022.0000	RIVERBEND GOLF + COUNTRY CLUB	6270 RIVER CLUB CT NORTH FORT MYERS, FL 33917	2010 TRIM Aerial Viewer
31-43-25-00-00022.002E	RIVERBEND GOLF + COUNTRY CLUB		2010 TRIM Aerial Viewer

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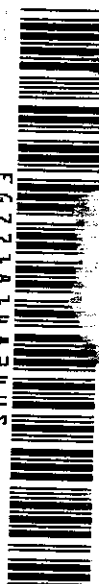
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E 6771814824US



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UNITED STATES POSTAL SERVICE

Post Office To Addressee

Addressee Copy
Label 1-B, March 2004



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ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code	Day of Delivery	Postage	Return Receipt Fee	Insurance Fee
7200	Next <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Day	\$ 1.00	\$	\$
Date Accepted	Scheduled Date of Delivery			
8/31	Month Day			
Mo. Day Year	Scheduled Time of Delivery	COD Fee		
8/31 11	AM <input type="checkbox"/> PM <input type="checkbox"/>	\$		
Time Accepted	Military	Total Postage & Fees		
11:00	AM <input type="checkbox"/> PM <input type="checkbox"/>	\$ 1.00		
Flat Rate <input type="checkbox"/> or Weight	Initial Alpha Country Code	Acceptance Emp. Initials		
3.4				

FROM: (PLEASE PRINT)

PHONE ()

Tom Hollman
7200 1st RD
North Fort Myers FL 33917

FOR PICKUP OR TRACKING

Visit www.usps.com

Call 1-800-222-1811



DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	Employee Signature
Mo. Day	AM <input type="checkbox"/> PM <input type="checkbox"/>	
Delivery Attempt	Time	Employee Signature
Mo. Day	AM <input type="checkbox"/> PM <input type="checkbox"/>	
Delivery Date	Time	Employee Signature
Mo. Day	AM <input type="checkbox"/> PM <input type="checkbox"/>	

CUSTOMER USE ONLY

☐ WAIVER OF SIGNATURE (Domestic Mail Only)
Additional merchandise insurance is void if customer does not sign without signature of addressee or addressee's agent. Signature of addressee or addressee's agent is required for delivery of articles that can be left in secure boxes in the absence of proof of delivery.

☐ NO DELIVERY

Weekend ☐ Holiday ☐

Mail Signature

TO: (PLEASE PRINT)

PHONE ()

6771814824US
7200 1st RD
North Fort Myers FL 33917

ZIP 4+4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)
33917

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"la sección 'cliente'"

right hand corner. For EMCA

cada en la esquina superior derecha.
ro de cuenta en la etiqueta.

tions. Be sure to remove the
your records.

instrucciones. Asegúrese de quitar
várdelo para sus archivos.

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