FORM 1	STATEMENT OF		2005				
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERE	ESTS					
LAST NAME FIRST NAME MIDDLE NAME MAILING ADDRESS: SY 21 CYDRESS	hn Lake Do	FOR OFFICE USE ONLY:	į				
CITY: ZI FOR MY MESS NAME OF AGENCY: Tona MURGOT F NAME OF OFFICE OR POSITION HELD OR Tona MURGOT FIRE CHECK ONLY IF [] CANDIDATE OR	county: 33919 Lee		D Code OD No. Conf. Code P. Req. Code				
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, 2005 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: 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) THRESHOLDS OR DOLLAR VALUE THRESHOLDS							
	[Major sources of income to the reporting person] SOURCE'S ADDRESS	l	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
Pcm6	7680 Cambridge Maner PL 33907		Property management				
Angressive Keelly (resp	Soso Climbridge Marco PL	73907 ((ral Istate.				
NAME OF NA	OME [Major customers, clients, and other sources of ME OF MAJOR SOURCES ADDRIOR OF SOLD OF SOLD ADDRIOR OF SOLD ADDRESS ADDRES	ESS JRCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
8421 Cypres Low		an ed IN thi	LING INSTRUCTIONS for when d where to file this form are locatat the bottom of page 2. STRUCTIONS on who must file s form and how to fill it out begin page 3.				
			THER FORMS you may need to are described on page 6.				

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
PART E — LIABILITIES [Major of NAME OF CREE			ADDRES	SS OF CREDITOR		
Specialized lian Servicing		8742 Lucent Blud Highlands Runch CO 8012				
Countrywide Home Loans		PO 130+		illas T	× 75266	
				 		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]						
	BUSINESS ENTIT	Y#1	BUSINESS ENTITY	# 2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY	Sonset Manager	man + CHEOD				
ADDRESS OF BUSINESS ENTITY	12730 LOW Britt	any Blod				
PRINCIPAL BUSINESS ACTIVITY	Property Mane	igment				
POSITION HELD WITH ENTITY	President ICEO					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes-					
NATURE OF MY OWNERSHIP INTEREST	100%					
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required): Ob 10106						
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.