FORM 1	STATEMENT OF			2009
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INT	ERESTS	5	
LAST NAME FIRST NAME MIDDLE NA MESSANA FYANK, DEA MAILING ADDRESS : 9896 Colonial Walk S	<u>n</u>	FOR O		10JUN08
ESTERO NAME OF AGENCY: ESTERO FIRE RESCU NAME OF OFFICE OR POSITION HELD O FIRE Commissione	R SOUGHT :		ID No. Conf. Code P. Req. Code	10JUNIOBP#1272SNE Lee Co F1
A FISCAL YEAR. PLEASE STATE BELOW DECEMBER 31, 2009 MANNER OF CALCULATING REPORTABL THE LEGISLATURE ALLOWS FILERS TH REQUIRES FEWER CALCULATIONS, OR		AX YEAR, WHETH RECEDING TAX Y F OTHER THAN T SHOLDS THAT A ICH ARE USUALL	IER BASED ON A CALI (EAR ENDING EITHER HE CALENDAR YEAR: RE ABSOLUTE DOLL Y BASED ON PERCE	(check one): AR VALUES, WHICH
COMPARATIVE (PERCENTAGE) TH PART A PRIMARY SOURCES OF INCOI		DOLLAR V	ALUE THRESHOLDS	
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
North Naples Fire District	1441 Pine Ridge Rd, Naples, F	234108	Fire Depar	tment
(If you have nothing to report	ICOME [Major customers, clients, and other s you must write "none" or "n/a") AME OF MAJOR SOURCES OF BUSINESS' INCOME	OURCES OF INCOME to ADDRESS OF SOURCE	PRIN	the reporting person] ICIPAL BUSINESS VITY OF SOURCE
PART C REAL PROPERTY [Land, buildin (If you have nothing to report,) 9896 Colonial Walk S, Lot, The West 150 feet of	you must write "none" or "n/a")	, Unit 97	FILING INSTRU when and where t are located at the INSTRUCTION file this form and begin on page 3.	o file this form bottom of page 2. S on who must
			OTHER FORMS to file are describe	

PART D INTANGIBLE PERSONAL PROPERTY [S	tocks, bonds, certificates of denosit, etc.]			
(If you have nothing to report, you must				
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
Suncoast FCU-money market	Frank+Andrea Messana-Savings			
Nationwide 457 account	Frank Messana-refirement			
ExTRAde - stocks	Frank Messaria - investment			
PART E — LIABILITIES [Major debts] (If you have nothing to report, you must	write "none" or "n/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR			
Suncoast FCU	P.O. BOX 11904, TAMPA, FL 33680			
Bank of America	PO Box 5170, Simi Valley, CA 93062			
Home Value Renovators I, LLC	Po Box 5170, Simi Valley, CA 93062 720 coodlette Rd, North, #303, Naples, FL 34102			
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				
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):				
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.	WHERE TO FILE: f 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. 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 employ-			
Facsimiles will not be accepted.	Local officers/employees file with the Supervisor of Elections of the county in which they perma- nently reside. (If you do not permanently reside n Florida, file with the Supervisor of the county where your agency has its headquarters.) Extra officers on second file details and the supervisor where your agency has its headquarters.)			
NOTE	State officers or specified state employees must me at the same une they me them			

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.

ecified state 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.

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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.