FORM 1	FORM 1 STATEMENT OF						
Please print or type your name, mailing address, agency name, and position below:							
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	on this form. Attach additional sheets, if necessa	ry.	PE	OF 2006			
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PROPERTY MOODISM 3909 SOUTHERN	this form and how to fil on page 3. OTHER FORMS you file are described on pa	I it out begin may need to					

PART D — INTANGIBLE PERSO TYPE OF INTANGII	NAL PROPERTY [Stocks	s, bonds, certifica	ates of deposit, etc.] BUSINESS ENTITY TO WHICH	THE DOODEDTY DELATES	
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BUSINESS ENTITY					
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NATURE OF MY OWNERSHIP INTEREST					
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CICNATURE ()	/ _				

SIGNATURE (required):

DATE SIGNED (required):

THINE 27, 2007

WHAT TO FILE:

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FORM 1		2006		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL IN	TERESTS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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WITH ENTITY I OWN MORE THAN A 5%	***************************************		
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WHAT TO FILE:	WHERE TO		N TO FILE:

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CE FORM 1 - Eff. 1/2007 PAGE 2

FORM 1	STATEM	2006						
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS						
LAST NAME - FIRST NAME - MIDDL	• / •	FOR OFF						
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	J		ID Code					
CITY:	ZIP: COUNTY:							
TAMPA FL 33637 HITSBORDAGH IDNO.								
NAME OF AGENCY: Southern Hills	PLANTATION II	00	Conf. Code					
NAME OF OFFICE OR POSITION HEL	D OR SOUGHT:	1	P. Req. Code					
	SUPERVISORS, VIC	······································						
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A FISCAL YEAR. PLEASE STATE BEL	OW WHETHER THIS STATEMENT IS	FOR THE PRECEDING TAX YE	AR ENDING EITHER (check one):					
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	Jacksonville FL	32256						
								
PART B - SECONDARY SOURCES O	F INCOME [Major customers, clients,	and other sources of income to I	businesses owned by the reporting person]					
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PART C - REAL PROPERTY [Land, I	ouildings owned by the reporting perso	on]	FILING INSTRUCTIONS for when					
Hade asa Lith	STAGET BOLL	Source FI	and where to file this form are located at the bottom of page 2.					
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3909 SOUTHER	N VAlley LOOP	- C 411 14	OTHER FORMS you may need to					
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PART D INTANGIBLE PERSO TYPE OF INTANGI	NAL PROPERTY [Stocks, BLE	bonds, certificat	es of deposit, etc.] BUSINESS ENTITY TO WHICH T	HE PROPERTY RELATES
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PART E — LIABILITIES [Major d NAME OF CRED	lebts] ITOR		ADDRESS OF C	REDITOR
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ADDRESS OF BUSINESS ENTITY	<u>'</u>			
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, I	PLEASE CHECK HERE
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	O / PATE 1	ING INS	TRUCTIONS	0

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CE FORM 1 - Eff. 1/2007 PAGE 2

FORM 1	STATEMENT OF	י	2006
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTER	ESTS	
LAST NAME - FIRST NAME - MIDDLE N	· / -	FOR OFFICE	J E
MAILING ADDRESS :	^ =	USE ONLY:	
14055 Kiverec	ge Unive Suite 200		ID Code
CITY:	ZIP: COUNTY:		
TAMPA FL	_ 33637 Hillsborou	h #	ID No.
name of agency: Southern Hills Pl	ANTATION III COO		Conf. Code
NAME OF OFFICE OR POSITION HELD (DR SOUGHT:		P. Req. Code
You are not limited to the space on the lines of	on this form. Attach additional sheets, if necessary.		
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	34134	11	NSTRUCTIONS on who must file his form and how to fill it out begin in page 3.
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PART D — INTANGIBLE PERSO TYPE OF INTANGII	NAL PROPERTY (Stocks, bor BLE	nds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH	THE PROPERTY RELATES
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PART E — LIABILITIES [Major d			
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ļ	BUSINESS ENTITY # '		BUSINESS ENTITY # 3
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POSITION HELD WITH ENTITY	····		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
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C/X YU) Dur		1,000
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WHAT TO FILE:	WHER	E TO FILE:	VHEN TO FILE:

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CE FORM 1 - Eff. 1/2007 PAGE 2

FORM 1	STATEMENT OF		2006			
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LAST NAME - FIRST NAME - MIDDLE		OR OFFICE				
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14055 Rivere	dge Dhive Shite 200	1 ID C				
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Grand HAMPTON	$^{\prime}$ COO	Con	ıf. Code			
NAME OF OFFICE OR POSITION HEL		P.R	leq. Code			
	s on this form. Attach additional sheets, if necessary.		-			
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR APPOINTEE		PDF 2006			
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, 2006 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						
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PART D — INTANGIBLE PERSO TYPE OF INTANGI		ocks, bonds, certific	ates of deposit, etc.] BUSINESS ENTITY TO WHICH	THE PROPERTY RELATES
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CE FORM 1 - Eff. 1/2007 PAGE 2

FORM 1		2006		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		
LAST NAME - FIRST NAME - MIDDLE N		FOR OFF		
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instructions for further details). PLEASE S	TATE BELOW WHETHER THIS STAT	TEMENT REFLECTS EITHER	(check on	e):
COMPARATIVE (PERCENTAGE) T	HRESHOLDS <u>Q</u>	B DO	OLLAR VA	ALUE THRESHOLDS
PART A PRIMARY SOURCES OF INC NAME OF SOURCE OF INCOME	OME [Major sources of income to the SOUR ADDR	CE'S		CRIPTION OF THE SOURCE'S NCIPAL BUSINESS ACTIVITY
LONDMAN GROUP LL	C. 10739 DEPANO	od PART BIVO	Lark	1 development
	Jacksonville FL	32256	Jan Salit	
PART B - SECONDARY SOURCES OF	INCOME (Major customers, clients, a	nd other sources of income to	businesse	es owned by the reporting person
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	1	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
V/IA	BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCE			
FUN				
PART C - REAL PROPERTY [Land, bui	ldings owned by the reporting person]		G INSTRUCTIONS for when here to file this form are locat-
HOME, 259 6th =		Springs, FL		he bottom of page 2.
,	34134			RUCTIONS on who must file rm and how to fill it out begin
Property prootist	Me FL HERWAND	O COUNTY	on pag	
3909 SOUTHERN	OTHE	ER FORMS you may need to e described on page 6.		

PART D — INTANGIBLE PERSO TYPE OF INTANGI		ocks, bonds, certific	ates of deposit, etc.] BUSINESS ENTITY TO WHIC	CH THE PROPERTY RELATES
	XIA			
	- 			
			·	
PART E — LIABILITIES [Major of NAME OF CRED		ı	ADDRESS (DF CREDITOR
	MA			
PART F — INTERESTS IN SPECI	FIED BUSINESSES	[Ownership or position	ons in certain types of businesses]
NAME OF	BUSINESS E	NTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	XI/A			
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 A	RE CONTINUE	D ON A SEPARATE SHEE	ET, PLEASE CHECK HERE
SIGNATURE (required):	KU		DATE SI	GNED (required): 27, 2007
, , , , , , ,	U (È	ILING IN	STRUCTIONS:	0
WHAT TO FILE: After completing all parts of this signing and dating it, send bac	form, including		E: the form by the Commission by Supervisor of Elections for	WHEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee must

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.

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.

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 posi-

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.

CE FORM 1 - Eff. 1/2007 PAGE 2

\(\mathbb{E}\xi\) | Ship Manager | Label 7923 6833 9194

Page 1 of 1

From: Origin ID: MCFA (813)207-0138 Debe O'Hem LandMar Group, LLC 14055 Riveredge Dr Suite 225

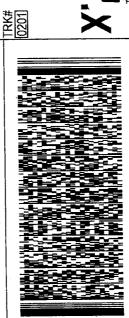
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Lee County Supervisor of Elections 2480 Thompson Street BILL SENDER Sharon L. Harrington SHIP TO: (239)533-8683

Ref# Invoice# PO# Dept#

Fort Myers, FL 33901



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