FORM 1	STATEM	STATEMENT OF		2021
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:
LAST NAME - FIRST NAME - MIDDLE Milosevic Fred Aaron	NAME:			
MAILING ADDRESS: 613 NE 2nd Ave				
CITY: Fort Myers 3	ZIP: COUNTY: 3909 Lee			
Wildblue CDD				
NAME OF OFFICE OR POSITION HELD Supervisor	O OR SOUGHT;			
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR	APPOINTEE		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU MANNER OF CALCULATING R	EPORTABLE INTERESTS:	OR CALENDAR YEAR END	DING DEC	R VALUES, WHICH REQUIRES
FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS				
PART A PRIMARY SOURCES OF INC	COME [Major sources of income to		ructions]	
(If you have nothing to repo NAME OF SOURCE OF INCOME	SOL	JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Lennar Homes LLC	10481 Six Mile Cypres	ss Pkwy	Community developtment	
PART B - SECONDARY SOURCES Of [Major customers, clients, an (If you have nothing to rep	d other sources of income to busines	sses owned by the reporting pe	erson - See	instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ME OF MAJOR SOURCES ADDRESS		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
none				
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions (If you have nothing to report, write "none" or "n/a")			lines o	re not limited to the space on the on this form. Attach additional
613 NE 2nd Ave, Cape Coral, Fl., 33909			sheets, if necessary. FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.	
			Instruction of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [Stock (If you have nothing to report, write "none"	ks, bonds, certificates of deposit, etc See instructions]		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
none			
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none"	" or "n/a")		
NAME OF CREDITOR	ADDRESS OF CREDITOR		
none			
(If you have nothing to report, write "none" (Ownership or positions in certain types of businesses - See instructions] or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 none		
NAME OF BUSINESS ENTITY	none		
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	in the second of a community redevalorment		
agency created under Part III, Chapter 163 required to co	appointed school superintendents, and commissioners of a community redevelopment omplete annual ethics training pursuant to section 112.3142, F.S. HAVE COMPLETED THE REQUIRED TRAINING.		
	CONTINUED ON A SEPARATE SHEET, TEEASE SHEET		
SIGNATURE OF FILE Signature: Date Signed:	If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement: I,		
7/1/2622 FILING INSTRUCTIONS:	Date Signed:		

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. To determine what category your position falls under, see page 3 of instructions.

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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

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 must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.