FORM 1		STATEMENT OF			2006				
Pisase print or type your name, mailing address, agency name, and position bel	ow:	FINANCIAL INTE	RESTS						
LAST NAME FIRST NAME MIDD	LE NAM	::	FOR O	FFICE	<u></u>				
MYERS, FRANCES USE ONLY:									
MAILING ADDRESS:									
21461 WIDGEON TE	KKACE		ID C	ode 3					
FORT MYERS BEAC			025 8:						
CITY:		ID N	0774UG31PM0258 SQE Lee Co F1						
NAME OF AGENCY :				. Code					
NAME OF OFFICE OR POSITION HELD OR SOUGHT :  P. Req. Code									
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 (check one):  DECEMBER 31, 2006  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 (check one):									
☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☐ DOLLAR VALUE THRESHOLDS									
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]									
NAME OF SOURCE  OF INCOME		SOURCE'S ADDRESS			SCRIPTION OF THE SOURCE'S INCIPAL BUSINESS ACTIVITY				
RED COCONUT RV PARK		3001 ESTERO BOULEVARD, FMB		RENTAL					
11115 00001101 1111 1111111		JOUR DOLLARS PRODUCTION							
			70						
PART B SECONDARY SOURCES	OF INCO	ME [Major customers, clients, and other source	es of income to	business	es owned by the reporting person]				
NAME OF NAME		E OF MAJOR SOURCES ADDRESS BUSINESS' INCOME OF SOURCE			PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
	*****								
			***************************************						
All the second s									
PART C REAL PROPERTY [Land, buildings owned by the reporting person]					IG INSTRUCTIONS for when here to file this form are locat-the bottom of page 2.				
131 MID ISLAND, FMB			RUCTIONS on who must file						
141 MID ISLAND, FMB		this fo	orm and how to fill it out begin						
200 DONORA, FMB on page 3.									
2932 ESTERO BOULEVARD	FMB			ER FORMS you may need to					
file 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							
VARIOUS STOCK		BROKER ACCOUNT					
INTEREST		BANK OF AMERICA NA AND OTHERS					
LETTERU L							
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR					
BANK OF AMERICA NA		FORT MYERS BEACH, FL					
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]							
	BUSINESS ENTITY	Y # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	RED COCONUT RV PARK		RED COCONUT REALTY	in the Market State of the Control o			
ADDRESS OF BUSINESS ENTITY	3001 ESTERO BOULEVARD		3001 ESTERO BOULEVARD	TOTAL TOTAL CONTROL OF THE PARTY OF THE PART			
PRINCIPAL BUSINESS ACTIVITY	R V PARK		REAL ESTATE SALES				
POSITION HELD WITH ENTITY	PARTNER		VICE PRESIDENT				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES		YES				
NATURE OF MY OWNERSHIP INTEREST	PARTNER		SHAREHOLDER				
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (required):  DATE SIGNED (required):							

### 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.

# **FILING INSTRUCTIONS:**

### 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:

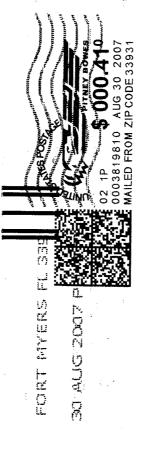
Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from 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.





SUPERVISOR OF ELECTIONS P.O. BOX 2545 FORT MYERS FL 33902-2545