FORM 1	STATEM	ENT OF	2008	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		
LAST NAME FIRST NAME MIDDLE MYERS, FRANCES P MAILING ADDRESS :	NAME :	FOR OFFICE USE ONLY:		
21461 WIDGEON TERRACE			ID Code No. Conf. Code P. Reg. Code	
CITY : FORT MYERS BEACH FL 3 NAME OF AGENCY :	ZIP : COUNTY : 33931 LEE		D No.	
NAME OF OFFICE OR POSITION HELD	OR SOUGHT :	——————————————————————————————————————	P. Req. Code	
You are not limited to the space on the line CHECK ONLY IF CANDIDATE		-		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FIL A FISCAL YEAR. PLEASE STATE BELO DECEMBER 31, 2008 MANNER OF CALCULATING REPORTA THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, C instructions for further details). PLEASE S COMPARATIVE (PERCENTAGE)	W WHETHER THIS STATEMENT IS <u>OR</u> SPECIFY 1 ABLE INTERESTS: THE OPTION OF USING REPORT OR USING COMPARATIVE THRESH STATE BELOW WHETHER THIS STA	ECEDING TAX YEAR, WHETHER E FOR THE PRECEDING TAX YEAR TAX YEAR IF OTHER THAN THE C TING THRESHOLDS THAT ARE A IOLDS, WHICH ARE USUALLY BA ITEMENT REFLECTS EITHER (che	ENDING EITHER (check one): CALENDAR YEAR: ABSOLUTE DOLLAR VALUES, WHICH ASED ON PERCENTAGE VALUES (see	
PART A PRIMARY SOURCES OF INC NAME OF SOURCE OF INCOME	SOUF	e reporting person] RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
RED COCONUT	3001 ESTERO BOULE		RV PARK RENTAL	
	FORT MYERS BEACH	FL 33931		
	·			
PART B SECONDARY SOURCES OF NAME OF BUSINESS ENTITY	INCOME [Major customers, clients, a NAME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income to busin ADDRESS OF SOURCE	inesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
		· •		
PART C REAL PROPERTY [Land, buildings owned by the reporting person] FILING INSTRUCTIONS for whe				
3001 ESTERO BLVD FORT	an	nd where to file this form are locat- I at the bottom of page 2.		
21461 WIDGEON TERRACE	3931 IN	ISTRUCTIONS on who must file is form and how to fill it out begin 1 page 3.		
		0-	THER FORMS you may need to e are described on page 6.	

PART D — INTANGIBLE PERSON TYPE OF INTANGIB	IAL PROPERTY	[Stocks, bonds, certifi	icates of deposit, etc.] BUSINESS ENTITY TO WH	IICH THE PROPERTY RELATES		
				······································		
			9 , 1000 - 1000 , 10000 , 1000 , 1000 , 1000 , 1000 , 1000 , 1000 , 1000 , 1000 , 1000	······································		
				- · · · · · · · · · · · · · · · · · · ·		
PART E — LIABILITIES [Major debts] NAME OF CREDITOR			ADDRESS OF CREDITOR			
, merelini		·				
BANK OF AMERICA		FORT M	FORT MYERS BEACH FL 33931			
			· · · · · · · · · · · · · · · · · · ·			
······································						
PART F — INTERESTS IN SPECIFI	ED BUSINESSES	Ownership or positi	ions in certain types of businesse	s]		
NAME OF	BUSINESS	ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
BUSINESS ENTITY ADDRESS OF						
BUSINESS ENTITY			· · · · · · · · · · · · · · · · · · ·			
PRINCIPAL BUSINESS						
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 CONTINUE	D ON A SEPARATE SHE	ET, PLEASE CHECK HERE		
SIGNATURE (required):						
Signature (sequirea):	Phu	1010/	DATE SIGNED (required):			
UFILING INSTRUCTIONS: /						
WHAT TO FILE:		WHERE TO FIL		WHEN TO FILE:		
After completing all parts of this form, including If signing and dating it, send back only the first or sheet (pages 1 and 2) for filing. yo th		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.		<i>Initially</i> , each local officer/employee, state officer, and specified state employee must file <i>within 30 days</i> of the date of his or her appointment or of the beginning of employ-		
If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).		Local officers/employees file with the Supervisor of Elections of the county in which they perma- nently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county		ment. 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.		
			has its headquarters.) specified state employees	Candidates for publicly-elected local office must file at the same time they file their		
MULTIPLE FILING UNNECESSARY:fileGenerally, a person who has filed Form 1 for a15calendar or fiscal year is not required to file aadsecond Form 1 for the same year. However, a20candidate who previously filed Form 1 becauseCa		file with the Commi 15709, Tallahasse	ission on Ethics, P.O. Drawer e, FL 32317-5709; physical clay Boulevard, South, Suite	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- tions.		
			his form together with their			

To determine what category your position falls under, see the "Who Must File" Instructions

on page 3.

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of his or her original Form 1 when qualifying.

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