| FORM 1 F | FINAL STA' FINANCIAL | FEMENT OF | | |
|---|--|--|--|--|
| (TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT) | | | | |
| LAST NAME - FIRST NAME - MIDDLE NAME: PENTECOST JONATHEN MJULS MAILING ADDRESS: | | NAME OF REPORTING PERSON'S AGENCY: Bella VIDA COMMUNITY Dev District | | |
| FORT MYERS 33901 LEE | | CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3): LOCAL OFFICER STATE OFFICER SPECIFIED STATE EMPLOYEE LIST OFFICE OR POSITION HELD: | | |
| CITY: V ZIP: | COUNTY: | | | |
| Here the second se | | | | |
| PARTA - PRIMARY SOURCES OF INCOME (Major sources of income NAME OF SOURCE OF INCOME DRIDRTON, JUC 98% 13880 TREELIN FORT MUSES, FL | | CE'S | DESCRIPTION OF THE SOURCE SI PRINCIPAL BUSINESS ACTIVITY HOME RUILDING | |
| | | | Со Г | |
| | F INCOME [Major customers, cl AME OF MAJOR SOURCES OF BUSINESS' INCOME | ients, and other sources of inc ADDRESS OF SOURCE | come to businesses owned by reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE | |
| | | | · · · | |
| PART C REAL PROPERTY [Land, buildings owned by the reporting person] | | | | |
| 8701 Estero Blud #4 | 05 FORTMULES Bead | <u>33981 2%</u> | located at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet. | |
| THo) 387 ∃05 8080₩±0€10080∢ OTHER FORMS you may need to file are described on page 6. | | | | |

| PART D — INTANGIBLE PERSONAL PROPE TYPE OF INTANGIBLE | RTY [Stocks, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | | |
|--|---|--|--|--|
| IRA-RANCM | Self | | | |
| JRA - VANGUARD | Self | | | |
| JRA - TO AMPRITRADE | Self | | | |
| Suck- RYL | Self | | | |
| | | | | |
| | | | | |
| | | | | |
| PART E — LIABILITIES [Major debts] NAME OF CREDITOR | ADDRESS OF CREDITOR | | | |
| BANK OF AMERICA - Mta | Chcelo17E, NC | | | |
| Citi GROUP - Mtor New York NY | | | | |
| | | | | |
| | | | | |
| | | | | |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses] | | | | |
| BUSINESS | ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 | | | |
| BUSINESS ENTITY ADDRESS OF | | | | |
| BUSINESS ENTITY | V ALA ALA | | | |
| | | | | |
| WITH ENTITY | | | | |
| | | | | |
| | | | | |
| IF ANY OF PARTS A THROUGH FARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE | | | | |
| SIGNATURE: | DATE SIGNED: 10/16/08 | | | |
| FILING INSTRUCTIONS: | | | | |
| | | | | |

WHAT TO FILE:

After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages). Facsimiles will not be accepted.

WHEN TO FILE:

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

WHERE TO FILE:

Local officers: file with the Supervisor of Elections of the county in which you 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.

To determine what category your position fails under, see the "Who Must File" Instructions on page 3.

NOTE:

If you are leaving office or employment during the first half of 2008, you may not have filed Form 1 for 2007. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2007 by July 1 of 2008.