

Please print or type your name, mailing address, agency name, and position below:

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Pritt, Robert Dwane

MAILING ADDRESS :

25070 Ascot Lake Court

CITY :

Bonita Springs

ZIP :

34134

COUNTY :

Lee

NAME OF AGENCY :

Bay Crest Community Development District

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Supervisor

FOR OFFICE
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

10 FEB 19 2010 09:35 NE Lee Co Fl

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, 2009

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]

(If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Roetzel & Andress, L.P.A.	850 Park Shore Drive Naples, FL 34103	Law

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

(If you have nothing to report, you must write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

(If you have nothing to report, you must write "none" or "n/a")

1060 Borghese, U1702, Naples FL 34114 (Backwater Bay, LLC)
 180 Goldfinch, N. Captiva Island, FL 33924 (Backwater BayV, LLC)
 Lot 50 & 51 Safety Harbor N. Captiva Is. " (Backwater Bay, VI
 VII)
 4510 Smugglers Dr. N. Captiva Is. (Backwater Bay FFI, LLC)

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

OTHER FORMS you may need to file are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] (If you have nothing to report, you must write "none" or "n/a")			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
IRA	Wells Fargo Advisors, 5801 Pelican Bay Blvd. Ste. 200		
	Naples, FL		
401K	Schwab Retirement Schwab.com		
457	ICMARC 777 N. Capitol St., Washington DC 2002		
IRA	Fidelity		
PART E — LIABILITIES [Major debts] (If you have nothing to report, you must write "none" or "n/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses] (If you have nothing to report, you must write "none" or "n/a")			
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	See attached - Part F		
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 ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE <input type="checkbox"/>			
SIGNATURE (required): <i>Rolf D. Pugh</i>		DATE SIGNED (required): <i>2-18-10</i>	
<u>FILING INSTRUCTIONS:</u>			
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.	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.	

DISCLOSURE OF INTEREST – ROBERT DWANE PRITT

10FEB19PM0923SNE Lee Co FI

Part F:**#1**

Name of Business Entity: ***Backwater Bay, LLC (Borghese)***
Address of Business Entity: ***14862 Crescent Cove, Ft. Myers, FL***
Principal Business Activity: ***Real Estate***
Position Held with Entity: ***Member***
***I own more than a 5%
interest in the business.*** ***Yes***
***Nature of my ownership
interest:*** ***20%***

#2

Name of Business Entity: ***Backwater Bay, LLC IV (Smugglers)***
Address of Business Entity: ***14862 Crescent Cove, Ft. Myers, FL***
Principal Business Activity: ***Real Estate***
Position Held with Entity: ***Member***
***I own more than a 5%
interest in the business.*** ***Yes***
***Nature of my ownership
interest:*** ***10%***

#3

Name of Business Entity: *Backwater Bay, LLC V (Goldfinch)*

Address of Business Entity: *14862 Crescent Cove, Ft. Myers, FL*

Principal Business Activity: *Real Estate*

Position Held with Entity: *Member*

I own more than a 5% interest in the business. *Yes*

Nature of my ownership interest: *20%*

Name of Business Entity: *Backwater Bay, LLC VI- VII (Lots 50-51)*

Address of Business Entity: *14862 Crescent Cover, Ft. Myers, FL*

Principal Business Activity: *Real Estate*

Position Held with Entity: *Member*

I own more than a 5% interest in the business. *Yes*

Nature of my ownership interest: *25%*



850 PARK SHORE DRIVE
TRIANON CENTRE - THIRD FLOOR
NAPLES, FL 34103
239.649.2714 DIRECT
239.649.6200 MAIN
239.261.3659 FAX
rpritt@ralaw.com

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February 18, 2010

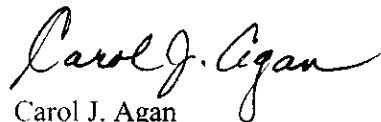
Lee County Elections Office
P. O. Box 2545
Ft. Myers, Florida 33902-2545

Re: Robert D. Pritt – Form 1 – Financial Statement of Financial Interests
Bay Creek Community Development District

Dear Sir/Madam:

Enclosed for filing is the initial Form 1 which has been completed and executed by Robert D. Pritt.

Very truly yours,


Carol J. Agan
Secretary to Robert D. Pritt

/ca
Enclosure

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