

FORM 1

**STATEMENT OF
FINANCIAL INTERESTS**

2019

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

FOR OFFICE USE ONLY:

LAST NAME – FIRST NAME – MIDDLE NAME :
Tony Provinzino

MAILING ADDRESS :
20328 Cypress Shadows Blvd

CITY : ZIP : COUNTY :
Estero, FL 33928 Lee

NAME OF AGENCY :
Cypress Shadow CDD

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Seat #3 CDD Board

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 (must check one):

DECEMBER 31, 2018 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: 2019

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE 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). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A – PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Sun Coast Global Inc	9990 Coconut Road suite 311	Real Estate Company
Isla Blue Development LLC	4191 Bay Beach Lane unit 272	Development Company

PART B – SECONDARY SOURCES OF INCOME
(Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions)
(If you have nothing to report, write "none" or "n/a")

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

PART C – REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

See attached property owned in Lee County Florida

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.

PART D — INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. - See instructions)
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
ZS, PCTY, TWLO	Stocks owned in Brokerage account

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	

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
(If you have nothing to report, write "none" or "n/a")


	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	Isla Blue Development	
ADDRESS OF BUSINESS ENTITY	4191 Bay Beach Lane unit 272	
PRINCIPAL BUSINESS ACTIVITY	Real Estate Investment	
POSITION HELD WITH ENTITY	Manager	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	50%	
NATURE OF MY OWNERSHIP INTEREST	Partner	

PART G — TRAINING
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE OF FILER:

Signature: 

Date Signed: 6-1-20

CPA or ATTORNEY SIGNATURE ONLY

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, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

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 returned.

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) and send it to CEForm1@leg.state.fl.us. 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, 2018.

Part "C"

Real Property Search Lee County

Search by Name for *Isla blue* found 5 matches

STRAP / Folio ID	Owner	Site Address / Property Description	Detail Links	
04-45-23-C4-04708.0330 103101094	ISLA BLUE DEVELOPMENT LLC 4191 BAY BEACH LN # 272 FORT MYERS BEACH FL 33931	3920 SW 20TH PL CAPE CORAL FL 33914 CAPE CORAL UNIT 70 BLK 4708 PB 22 PG 76 LOTS 33 + 34	Parcel Details Aerial Viewer	2018 TRIM View Comps
05-45-26-04-00005.0120 10343810	ISLA BLUE DEVELOPMENT LLC 4191 BAY BEACH LN #272 FORT MYERS BEACH FL 33931	2608/2610 MARTIN AVE S LEHIGH ACRES FL 33973 LEHIGH ESTATES UNIT 4 BLK 5 PB 15 PG 84 LOT 12	Parcel Details Aerial Viewer	2018 TRIM View Comps
36-44-27-06-00023.0020 10396245	ISLA BLUE DEVELOPMENT LLC 4191 BAY BEACH LN UNIT 272 FORT MYERS BEACH FL 33931	120 JOHNS AVE LEHIGH ACRES FL 33936 LEHIGH ACRES UNIT 6 BLK 23 DB 254 PG 25 LOT 2	Parcel Details Aerial Viewer	2018 TRIM View Comps
15-45-27-05-00030.0080 10416485	ISLA BLUE DEVELOPMENT LLC 4191 BAY BEACH LN UNIT 272 FORT MYERS BEACH FL 33931	746 THEODORE VAIL ST E LEHIGH ACRES FL 33974 LEHIGH ACRES UNIT 5 BLK 30 PB 18 PG 41 LOT 8	Parcel Details Aerial Viewer	2018 TRIM View Comps
15-45-27-05-00035.0110 10416581	ISLA BLUE DEVELOPMENT LLC 4191 BAY BEACH LN # 272 FORT MYERS BEACH FL 33931	752 MANHATTAN ST E LEHIGH ACRES FL 33974 LEHIGH ACRES UNIT 5 BLK 35 PB 18 PG 41 LOT 21	Parcel Details Aerial Viewer	2018 TRIM View Comps

