### FORM 1

# STATEMENT OF

## 2008

## FINANCIAL INTERESTS

James Ratz
Asst. Secretary
Bella Vida Community Development District
Board of Supervisors
13991 Lake Mahogany Blvd #2413
Fort Myers FL 33907

SCANNED

FOR OFFICE USE ONLY: COMMISSION ON ETHICS DATE RECEIVED

NOV 3 O 2009

**ID** Code



ID No.

219019

Conf. Code

P. Req. Code

Ratz James

PROCESSED

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF

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E OR

■ NEW EMPLOYEE OR APPOINTEE

<b>**BOTH PARTS</b>	OF THIS	SECTION MUST	BE	COMPL	ETED**
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DISCLOSURE PERIOD:	
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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):

<b>M</b>
/->

**DECEMBER 31, 2008** 

	_
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):

Ц	COMPARATIVE (	(PERCENTAGE)	THRESHOLDS
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DOLLAR VALUE THRESHOLDS

PART A PRIMARY SOURCES OF INCOME	[Major sources of income to the reporting person]	
NAME OF SOURCE	SOURCE'S	DESCRIPTION OF THE SOURCE'S
OF INCOME	ADDRESS	PRINCIPAL BUSINESS ACTIVITY
D. R. Harty The	13880 Treeline de 5, Ste 3	honebiniden
	Ft Myes FL 33913	
	<del></del>	<del></del>

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

NAME OF MAJOR SOURCES | ADDRESS | PRINCIPAL BUSINESS

 BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE	ACTIVITY OF SOURCE
<del> </del>			

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

2714 221 St. W

Lee Comby FL

Tax ID # 24426060050.0150

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.]  TYPE OF INTANGIBLE   BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
		<u> </u>		
ALX.				
PART E — LIABILITIES [Major of NAME OF CRED			ADDRESS OF CF	REDITOR
		·		
NA				
PART F — INTERESTS IN SPECI	FIED BUSINESSES [Ow	vnership or positi	ons in certain types of businesses)	
1	BUSINESS ENTI	TY#1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY				
ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS ACTIVITY	NA			
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				
SIGNATURE (required):	- ret		DATE SIGNED	O (required): 11/19/09
FILING INSTRUCTIONS:				

#### 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 filling.

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 Blvd. 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.