## FORM 1 F

## FINAL STATEMENT OF FINANCIAL INTERESTS

2010

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

(10 DE LIEED WITHIN 00 DATS OF DEAVING LODGIC OFFICE OR EMI DOTMENT)								
LAST NAME — FIRST NAME — MIDE	lE:	NAME OF REPORTING PERSON'S AGENCY:						
REINERT LIET	4	MANTREET COD						
MAILING ADDRESS:		CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):						
9112 BRENDAN RIVER	Cr.		☐ LOCAL OF	FICER [	☐ STATE OFFICER			
tanila Santas 34135 LEE			SPECIFIED STATE EMPLOYEE					
CITY: ZIP: COUNTY:			LIST OFFICE OR POSITION HELD: V. CHAR					
			<del></del>					
DISCLOSURE FARIOD: THIS STATEM INTRESLECTE AN FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2010 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EN PLAYMENT DESCRIBED ABOVE, WHICH DATE WAS								
FEWEL CLICULA TIGAS, DR US NO COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (SEETINSTRUCTIONS FOR IT AND THE THRESHOLDS AND THE STATEMENT REFLECTS EITHER (Check one):								
COMPARATIVE (PERC	ENTAGE	) THRESHOLDS	OR 🗵 🛚	OLLAR VAL	UE THRESHOLDS 🥇			
PART A - PRIMARY SOURCES C (If you have nothing to rep NAME OF SOURCE OF INCOME		OME [Major sources of income must write "none" or "n/a") SOURC ADDRE	ce's	DESCRIPTION OF THE SOURCE'S				
		21499 EIVERVIEW CTR BWD			Home Bulling			
BUNITA SPAINGS, E								
			<u> </u>					
			······································					
PART B - SECONDARY SOURCE  (If you have nothing to rep  NAME OF  BUSINESS ENTITY	oort, you NAM	NCOME [Major customers, cli must write "none" or "n/a") E OF MAJOR SOURCES F BUSINESS' INCOME			PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
SouthERN Homes of EXTERO 11	12895	SW 132" AVE #200	4		REAL ESPATE DEVELOPMENT			
Migni FC								
				**				
			_		The second secon			
PART C - REAL PROPERTY [Land, buildings owned by the reporting person]  (If you have nothing to report, you must write "none" or "n/a")  (HEWAY TOWN CENTER S AC GATEWRY BLVO					FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.			
RESIDENTIAL WI FOUNTAINHEAD LN - NARES					INSTRUCTIONS on who must file			
RESIDENTIAL TOWNSHUSE COT	_		this form and how to fill it out begin on page 3 of this packet.					
					OTHER FORMS you may need to file are described on page 6.			
				1110 41	- accelined on halfe of			

PART D — INTANGIBLE PE (If you have nothing		ERTY [Stocks, bonds, ist write "none" or "n						
TYPE OF INTANGIBLE		1	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
Nove								
			<del></del>					
<u> </u>		-						
PART E — LIABILITIES [Ma (If you have nothing		st write "none" or "n	/a")		.0NDV199N09983S			
NAME OF CREDITOR			ADDRESS OF CREDITOR					
WELLS FARGO	WELLS FARCO		NORTH CARVUNIA 3					
					Á			
					ro ro			
PART F - INTERESTS IN SE	PECIFIED BUSIN	IESSES (Ownership	or positions in certain types of t	ousinessesl	Π			
(If you have nothing t				,	<b></b> i			
NAME OF	BUSINESS	ENTITY # 1	BUSINESS ENTITY # 2	<u>B</u>	USINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	NOME							
ADDRESS OF BUSINESS ENTITY								
PRINCIPAL BUSINESS ACTIVITY				}				
POSITION HELD WITH ENTITY								
I OWN MORE THAN A 5%	<del></del>	<u></u>		<del></del>				
NATURE OF MY	<u> </u>	<del></del>		<del></del>				
OWNERSHIP INTEREST								
15 ANY 05 DAD 70	. Tupollou 5		D AN 4 AFRI ATE AU					
IF ANY OF PARTS A	A JHROUGH F	ARE CONTINUE	D ON A SEPARATE SHE	EI, PLEASE CH	1ECK HERE			
SIGNATURE:			DATE SIGNED: 11/16/10					
(	I	FILING INS	STRUCTIONS:					
WHAT TO FUE.		W##EDE TO E!!	_					
WHAT TO FILE:  After completing all parts of this form on		WHERE TO FIL Local officers:	LE: : file with the Supervisor of	NOTE: If you are le	aving office or employment			
pages 1 and 2, including signing and dating it, E		Elections of the c	Elections of the county in which you permanently reside. (If you do not permanently reside have filed Form 1 for 2					
need not return any of the instruction pages). in		in Florida, file with	the Supervisor of the county	this is not the I	ast form you will file, even			
Facsimiles will not be accepted.			has its headquarters.)		n 1F covers the final portion office or employment. You			
		ees: file with the Commission on Ethics PO		will be required July 1 of 2010.	to file Form 1 for 2009 by			
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		Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard,						
		South, Suite 201, Tallahassee, FL 32312.						
		To determine what category your position falls under, see the "Who Must File" Instructions						
another position within the 60-da requires filing financial disclosure	• •	on page 3.						

Form 6.