

PROCESSED

255974

FORM 1F

FINAL STATEMENT OF FINANCIAL INTERESTS

OCT 23 2023

2023

RECEIVED

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

LAST NAME — FIRST NAME — MIDDLE NAME:
 SCHERMERHORN TERRY GAYLORD

MAILING ADDRESS:
 2286 W 155 ST
 FORT MYERS FL 33901 LIB

CITY: ZIP: COUNTY:

NAME OF REPORTING PERSON'S AGENCY:
 HARBOR VILLAGE CD

CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):
 LOCAL OFFICER STATE OFFICER
 SPECIFIED STATE EMPLOYEE

LIST OFFICE OR POSITION HELD:

BOTH PARTS OF THIS SECTION MUST BE COMPLETED

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2023 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS 10/16/23, 2023. (Date must be prior to 12/31/23)

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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (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
MARGONIA HOMES	2286 W 155 ST FORT MYERS	BUILD HOMES

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by 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")

380 N RIVER RD
VEYICIE FL

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 of this packet.

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
BONDS / STOCK	FIDELITY
BONDS / STOCK	VANGUARD

PART E — LIABILITIES [Major debts - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
AMEX	
VISA	USAA FEDERAL SAVINGS

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")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	N/A	
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

SIGNATURE OF FILER:

Signature: _____

[Handwritten Signature]

Date Signed: _____

10/16/23

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:

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 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 Commission on Ethics, it will be

State officers or employees who file with the Ethics may file by mail or email. Send the completed form to P. Tallahassee, FL 32317-5709; 325 John Knox Rd, Bldg E, Ste FL 32303. To file with the Commission scan your completed form and send as a pdf (do not use any other email address) to CEForm1@leg.state.fl.us and your records. Do not file by box. Choose only one filing method.

To determine what category your position falls under, see the "Who Must File" Instructions.



TODD SCHERMERHORN

Vice President of Operations
 Southwest Florida

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schermerht@maronda.com



MARIONDA
Jones

2286 W. 1st Street
Ft. Myers, FL 33901

FT MYERS FL 339

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Super Visor of ELECTIONS

PO DRAWING 15709

TALLAHASSEE FL

32317-5709

92317-570909



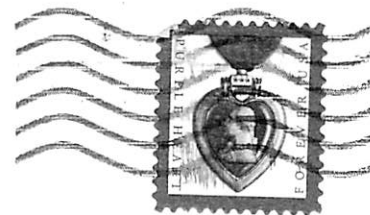
State of Florida
Commission on Ethics

325 John Knox Road, Building E, Suite 200
Post Office Drawer 15709
Tallahassee, FL 32317-5709



JACKSONVILLE FL 320

3 NOV 2023 PM 4 L



Tommy Doyle
Supervisor of Elections Lee
P.O. Box 2545
Ft. Myers, FL 33902-2545

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33902-254545

