

**FORM 1 F**

**FINAL STATEMENT OF FINANCIAL INTERESTS**

**FINAL 2005 REPORT**

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

LAST NAME — FIRST NAME — MIDDLE NAME: Simon Dennis		NAME OF REPORTING PERSON'S AGENCY: Fort Myers Planning
MAILING ADDRESS: 551 SEA OATS DRIVE		CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3): <input checked="" type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER <input type="checkbox"/> SPECIFIED STATE EMPLOYEE
CITY: SARIBEL, FL.	ZIP: 33957	COUNTY: LEE
LIST OFFICE OR POSITION HELD: member of Planning Board - Volunteer		

RECEIVED  
 2005 JUN 8 PM 12:59  
 SUBREVISOR OF ELECTIONS

**\*\*\*BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\*\***

**DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2005 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS May 4, 2005. (Date must be prior to 12/31/05)

**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       DOLLAR VALUE THRESHOLDS

**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Florida Retirement System	PO Box 3090 Tallahassee, Florida 32315	Retirement Income
Nationwide Solutions	PO Box 182797 Columbus, Ohio 43218	403 B Distributions
Bailey Tree Value Hardware	2477 Periwinkle Way Saribel, Florida 33957	Customer Service Representative

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

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Neighborhood Planning Solution	None at this time,	551 Sea Oats Drive Saribel, FL 33957	Affordable Housing Consulting
	Consulting Business is		
	Basically inactive		
	was city of Bonita Springs, Florida		

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

551 Sea Oats Drive, Saribel, FL 33957
wife owns 1/4 interest in summer home in Hancock Point maine, Bay Drive, Stanley Cottage.

**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.

**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
Stocks & mutual funds in IRAs (2) w Charles Schwab & Co.	Dennis Simonis FRA

**PART E — LIABILITIES** [Major debts]

NAME OF CREDITOR	ADDRESS OF CREDITOR
Washington Mutual Bank	P.O. Box 830021, Baltimore, MD. 21283
Amsouth Bank	P.O. Box 216, Birmingham, ALABAMA 35201
SUNCOAST Schools Credit Union Federal	PO Box 3112, Tampa, Florida 33631
Capital One	PO Box 650007, DALLAS, TEXAS 75266
Bank of America	P.O. Box 15480, Wilmington, Delaware 19850

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Neighborhood Planning Solutions		
ADDRESS OF BUSINESS ENTITY	551 SEA OATS DR. SANibel, FL. 33957		
PRINCIPAL BUSINESS ACTIVITY	affordable HOUSING Planning		
POSITION HELD WITH ENTITY	Principal		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes, 100%		
NATURE OF MY OWNERSHIP INTEREST	Sole proprietorship		

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

SIGNATURE: *Dennis Simonis*

DATE SIGNED: 5-24-05

**FILING INSTRUCTIONS:**

**WHAT TO FILE:**

After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only the first sheet for filing (you need not return any of the instruction pages).

**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 you take another position within the 60-day period that requires you to file financial disclosure on Form 1 or Form 6.

**WHERE TO FILE:**

**Local officers:** file with the Supervisor of Elections of the county in which you 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.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

**NOTE:**

If you are leaving office or employment during the first half of 2005, you may not have filed Form 1 for 2004. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2004 by July 1 of 2005.