FORM 1 STATEMENT OF						2003	
Please print or type your name, mailing address, agency name, and position bel	ow:	FINANCIAL	INTERI	ESTS			
LAST NAME FIRST NAME MIDE SMITH ALAN MAILING ADDRESS :	LE NAMI			FOR OF USE ON		Ala Super	
11021 CORSIA TRIESTE WAY					100	ode 2	
BONITA SPRINGS	ZIP	4135 LEE	-	Ì	Ψ		
	ZIF				ID N		
NAME OF AGENCY:					Cont	f. Code $\stackrel{\frown}{\in}$ $\stackrel{\frown}{\omega}$	
NAME OF OFFICE OR POSITION HI	LD OR		P. Re	eq. Code			
CHECK IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE							
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 (check one):							
DECEMBER 31, 2003 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):							
COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS							
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE OF INCOME ADDRESS						SCRIPTION OF THE SOURCE'S KINCIPAL BUSINESS ACTIVITY	
TAYLOR WOODEOW HOME	TAYLOR WOODEOW HOMES 1021 CORSIA TREESTE WAY 3			-135 V.P. GEN MGR VASIARI C.C.			
!							
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person] NAME OF NAME OF MAJOR SOURCES ADDRESS PRINCIPAL BUSINESS							
BUSINESS ENTITY	Of	BUSINESS' INCOME	OF SO	URCE		ACTIVITY OF SOURCE	
17/14							
					······································		
						· ·	
PART C REAL PROPERTY [Land, buildings owned by the reporting person] FILING INSTRUCTIONS for who and where to file this form are located to the control of the control							
CONDO BORS COUNTRY RD # 205 6' 106 / COMPO 20751 COUNTRY CHEEK DK#						the bottom of page 2.	
DUPLEX 18493/95 DEIOLE RD HOME 7600 EAGLES FLT. LH. / CONDO					this form and how to fill it out begin		
8061 COMPTHY RD # 201/					OTHER FORMS you may need to		
					GIA AT	c 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							
NA							
			The state of the s				
			in the second se				
PART E — LIABILITIES [Major de NAME OF CREDIT		ADDRESS OF CREDITOR					
CHASE MANHATTEN	MTG						
SUNTRUST MIG							
COUNTRY WITTE MITS							
<u> </u>							
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]							
NAME OF	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3				
BUSINESS ENTITY 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 (required):	Monut	DATE SIGNED (required): 5.24.04					
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 filing.

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.

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.