FORM 1 F

FINAL STATEMENT OF FINANCIAL INTERESTS

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

(· - · · · · · · · · · · · · · · · · ·				
LAST NAME - MIDDLE NAME:		NAME OF REPORTING PERSON'S AGENCY:		
Stilwell, Sardra K.		CAPTIVA Community land		
MAILING ADDRESS 8 8 9 8		<u> </u>	LLOWING (see "Who Must File" on page 3):	
CAPTIVA,	K(33924	LOCAL OFFICE SPECIFIED S	CER STATE OFFICER TATE EMPLOYEE	
CITY: ZIP:	COUNTY:	LIST OFFICE OR POSITION	ON HELD:	
	lee		esider	
BOTH PARTS OF THIS SECTION MUST BE COMPLETED				
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2011 AND THE LAST DATE I HELD THE PUBLIC				
OFFICE OR EMPLOYMENT DESCRIBED ABO			2011. (Date must be prior to 42/31/11)	
MANNER OF CALCULATING REPORTA	BLE INTERESTS:	THRESHOLDS THAT ARE AB	₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩	
FEWER CALCULATIONS, OR USING COMPA furthen,details). PLEASE STATE BELOW WHE	ARATIVE THRESHOLDS, WHI	CH ARE USUALLY BASED O	N PERCENTAGE VALUES (see instragions for	
COMPARATIVE (PERCENTAGE			LAR VALUE THRESHOLDS	
DADT A DDIMARY SOLIDCES OF INC	OME (Major sources of income	e to the reporting person!	S	
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] (If you have nothing to report, you must write "none" or "n/a")				
NAME OF SOURCE OF INCOME	SOURC		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Réstaurants, Frn +	1506,11508	3,11509,11511,11	513 Andy Rosse lan	
Shopping Centers	,	, , ,	,	
1 Restavant -	8700 Glad	iolos An F	t. Myers fr 33908	
2 Restaurants	14790 x 19	1900 Captila	Ar.	
PART B SECONDARY SOURCES OF (If you have nothing to report, you	- ,		come to businesses owned by reporting person]	
NAME OF NAM	ME OF MAJOR SOURCES	ADDRESS	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
BUSINESS ENTITY C	OF BUSINESS' INCOME	OF SOURCE	ACTIVITY OF SOURCE	
	Ma.			
PART C REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.	
Bove	<u>~</u>		INSTRUCTIONS on who must file	
HOW			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.] (If you have nothing to report, you must write "none" or "n/a")			
TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
116/15 tarso 11508, 11509, 11511 + 11513 Anoy			
Florida Shores Earl Gover 8700 gladiolus Dr			
San Cap Community Boux 14970 + 14990 CAPTIVA Par			
PART E — LIABILITIES [Major debts] (If you have nothing to report, you must write "none" or "n/a")			
NAME OF CREDITOR ADDRESS OF CREDITOR ADDRESS OF CREDITOR			
Wells fago talnkidge, Samber, Re			
Florida Shores Boat a Cleveland Ave. 4 Myers his			
San Cap. Commonity Bank LiBRARY way, Sanbel, R. B.			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]			
(If you have nothing to report, you must write "none" or "n/a") APPLY APPLY BUSINESS ENTITY # 2 BUSINESS ENTITY # 3			
NAME OF 1513 CAPPIN Keyline Bistro, RC OHEO, Lotte De, Sunshine La Food Case Sunshine			
ADDRESS OF TAM 11509 11509 11508 14900 82000 14			
PRINCIPAL BUSINESS (1500) ACTIVITY RESTAURANT DESTRUCTANT REST REST REST PROST PROS			
POSITION HELD WITH ENTITY DUNCE OWNER DWARE OWNER OWNER OWN.			
1 OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST 100% 100% 100% 100% 100% 100%			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE			
SIGNATURE: DATE SIGNED: 1/12			
FILING INSTRUCTIONS:			
WHAT TO FILE: NOTE: NOTE:			

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

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.

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.

If you are leaving office or employment during the first half of 2011, you may not have filed Form 1 for 2010. 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 2010 by July 1 of 2011.



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