FORM 1 F

FINAL STATEMENT OF FINANCIAL INTERESTS



2011

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

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LAST NAME - FIRST NAME - MIDDLE NAME: TALLEY BOYS DEW	AYNE	NAME OF REPORTING PE	VICLAGE CDD			
MAILING ADDRESS:	Λ	CHECK ONE OF THE FO	DLLOWING (see "Who Must File" on page 3):			
BOTTO STORY	LEE OUNTY:	LIST OFFICE OR POSITIO	CER STATE OFFICER STATE EMPLOYEE ON HELD: ASSIST. SEC.			
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 ABOVE, WHICH DATE WAS						
MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH RECEPTED 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) THRESH	DLDS	OR A DOL	LLAR VALUE THRESHOLDS			
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 SOURCE OF INCOME ADDRE		S	DESCRIPTION OF THE SOURCE'S ## PRINCIPAL BUSINESS ACTIVITY (**)			
ENCORE REALTY, LLC 3998 BONITI		BEACH RD.	REAL ESTATE SADES			
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		,				
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person] (If you have nothing to report, you must write "none" or "n/a")						
NAME OF NAME OF MAJO BUSINESS ENTITY OF BUSINES		ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
NA						
/ '						
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.			
BONITA SPRINGS, FC 34134			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 PROP (If you have nothing to report, you mu					
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WH	HICH THE PROPERTY RELATES		
NIA					
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PART E — LIABILITIES [Major debts] (If you have nothing to report, you mu	ust write "none" or "n/a")		OF CREDITOR		
NAME OF CREDITOR			of CREDITOR ω		
CAPITAL BANK	NA	4LES, FL			
		, , , , , , , , , , , , , , , , , , , ,	EE (
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PART F — INTERESTS IN SPECIFIED BUSIN (If you have nothing to report, you mus	•	ositions in certain types of b	usinesses]		
· · · · · · · · · · · · · · · · · · ·	ist write "none" or "n/a") SENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF	1/4				
BUSINESS ENTITY ADDRESS OF BUSINESS 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	F ARE CONTINUED C	N A SEPARATE SHE	FT. PLEASE CHECK HERE		
	771	1676 4 20 20 20 20 20 20 20 20 20 20 20 20 20			
SIGNATURE:	ally	DATE SI	SIGNED: /2//9///		
7	cery				
J	FIZING INST	RUCTIONS:			
TEMING HINTHOCHESTICS					
WHAT TO FILE: 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.	WHERE TO FILE: Local officers: file Elections of the county nently reside. (If you do in Florida, file with the S where your agency has i	NOTE: 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			
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	ees: file with the Common Drawer 15709, Tallaha physical address: 360 South, Suite 201, Tallaha To determine what	State officers or specified state employ- ss: file with the Commission on Ethics, P.O. awer 15709, Tallahassee, FL 32317-5709; sysical address: 3600 Maclay Boulevard, buth, Suite 201, Tallahassee, FL 32312. To determine what category your position lis under, see the "Who Must File" Instructions			
requires filing financial disclosure on Form 1 or Form 6.	SCANNED				

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