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ρ.	For delivery information visit our website at www.usps.com						
<u>.</u>	OFFICIAL USE]					
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H	Total Pos DARLENE LOWE COLLIER COUNTY ELECTIONS	40>					
-	Sent To 3301 TAMIAMI TRL EAST						
7004	Street, Apt. NAPLES FL 34112						
	City, State,						
	PS Form 3800, June 2002 See Reverse for Instru	uctions					

MATTER AND STATE OF THE STATE O	The State College College	The second	
SENDER: COMPLETE THIS SECTI	ON	COMPLET = THIS SECTION ON DELI	VERY
 Complete items 1, 2, and 3. Also of item 4 if Restricted Delivery is desi Print your name and address on the so that we can return the card to y Attach this card to the back of the or on the front if space permits. 	red. e reverse ou.		Agent Addressee
1. Article Addressed to: DARLENE LOWE COLLIER COUNTY ELECT 3301 TAMIAMI TRL EAST	TIONS	D. Is delivery address different from item If YES, enter delivery address below -	
NAPLES FL 34112	anggaratum ga subbu Ngga Tumangga Ngga Tumangga Ngga	3. Service Type Certified Mail	ipt for Merchandise
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FORM 1 F

FINAL STATEMENT OF COPY FINANCIAL INTERESTS

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

LASTALLE COST	IANE MIDDLE NAME		NAME OF REPORTING PER	RSON'S AGENCY:			
LAST NAME — FIRST N. Taylor, Mark	IAME — MIDULE NAME		Parklands Lee Community Development District				
MAILING ADDRESS: 566 108th Ave	enue N		CHECK <u>ONE</u> OF THE FOLL	OWING (see "Who Must File" on page 3):			
JOU LOUGH AVE			LOCAL OFFICE				
			SPECIFIED ST	ALE EMPLOYEE			
CITY:	ZIP:	COUNTY:	LIST OFFICE OR POSITION	HELD: Assistant Secretary			
Naples	34108	Collier		grade James			
DISCLOSURE PERIOD. THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2006 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBE DABOVE, WHICH DATE WAS March 3, 2006. (Date must be prior to 12/31/08). MANNER OF CALCULATING REPORTS BLE INTERESTS: THE LEGISLATURE AND CASE REPORTS BLE INTERESTS: THE LEGISLATURE AND CASE REPORTS OF THE SHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES, WHICH REQUIRES FEWER COLCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for furtheliter its). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS							
PART A PRIMARY NAME OF SI OF INCO	OURCE	OME [Major sources of incom SOUR ADDR	CE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
The Ronto Gro		3185 Horseshoe I Naples, FL 3410		Sr. Vice President			
THE ROUTO GI	oup, me.	нартев, го ј410	J-1				
		·					
PART B - SECOND NAME OF BUSINESS ENT	NAM	INCOME [Major customers, ME OF MAJOR SOURCES OF BUSINESS' INCOME	clients, and other sources of inc ADDRESS OF SOURCE	principal Businesses owned by reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
		aples, FL 34108	person]	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.			

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NOTE:

6.



March 3, 2006

Mr. Chuck Adams
Assistant Regional Director of Operations
Moyer & Associates
15730 Red Fox Run
Fort Myers, FL 33912

RE: Parklands Lee Community Development District

Dear Mr. Adams,

Please accept this letter as my resignation from the Parklands Lee Community Development District effective as of today, March 3, 2006.

If you should have any questions or concerns, please feel free to contact me.

Sincerely,

Mark S. Taylor

Board of Supervisors

Parklands Lee Community Development District

FORM 1 F

FINAL STATEMENT OF FINANCIAL INTERESTS



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

(1000-110-			NAME OF DEPOSTING DED	ISONIS ACENOV		
LAST NAME — FIRST NAME — MIDDLE NAME:			NAME OF REPORTING PERSON'S AGENCY:			
Taylor, Mark S.			Parklands West Community Development Distriction			
MAILING ADDRESS:		_	CHECK ONE OF THE FOLL	OWING (see "Who Must File" on page 3):		
3185 Horseshoe	Drive Sout	:h	LOCAL OFFICE	R STATE OFFICER		
				ATE EMPLOYEE		
			LIST OFFICE OR POSITION	HEID: Supervisor		
CITY:	ZîP:	COUNTY:	Elot of the oft to office	SOR		
Naples	34104	Collier				
BOTH PARTS OF THIS SECTION MUST BE COMPLETED DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2006 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS March 3, 2006. (Date must be prior to 12/31/06) MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES						
FEWER CALCULATIONS, OF further details). PLEASE STA	R USING COMPA	RATIVE THRESHOLDS, WHI THER THIS STATEMENT REF	CH ARE USUALLY BASED ON FLECTS EITHER (check one):	PERCENTAGE VALUES (see instructions for AR VALUE THRESHOLDS		
PART A PRIMARY SOL NAME OF SOURC OF INCOME		OME [Major sources of incom SOUR ADDR	CE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
The Ronto Group,	Inc.	3185 Horseshoe I Naples FL 3410	Prive South	Sr. Vice President		
		Maples, EL 341	J4			
	<u></u>					
				: :-		
			ere e			
PART B SECONDARY NAME OF BUSINESS ENTITY	NAM	INCOME [Major customers, of THE OF MAJOR SOURCES F BUSINESS' INCOME	clients, and other sources of inco ADDRESS OF SOURCE	ome to businesses owned by reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
N/A						
		<u> </u>				
	<u> </u>					
PART C - REAL PROPERTY [Land, buildings owned by the reporting page 108th Avenue North, Naples, FL 34108				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 PROPE			CH THE PROPERTY RELATES
N/A			<i>j</i>
		· · · · · · · · · · · · · · · · · · ·	
PART E — LIABILITIES [Major debts]	1	ADDRESS	OF CREDITOR
NAME OF CREDITOR		ADDRESS	OF CREDITOR
N/A	· ·		
			e, sie – Lander der
PART F — INTERESTS IN SPECIFIED BUSI			
NAME OF BUSINES	S 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 CONTINUE	D ON A SEPARATE SHE	ET, PLEASE CHECK HERE
SIGNATURE:		DATE S	igned: March 3, 2006
	EII INC INC	STRUCTIONS:	
	riling in	structions.	The second secon
WHAT TO FILE: After completing all parts of this form on	WHERE TO FIL	E: file with the Supervisor of	If you are leaving office or employment during the first half of 2006, you may not
pages 1 and 2, including signing and dating	Elections of the co	ounty in which you perma-	have filed Form 1 for 2005. In that case, this is not the last form you will file, even
it, send back only the first sheet for filing (you need not return any of the instruction pages).	in Florida, file with t	do not permanently reside the Supervisor of the county	though the Form 1F covers the final portion
Facsimiles will not be accepted.	, ,	nas its headquarters.)	of your term of office or employment. You will be required to file Form 1 for 2005 by
WHEN TO FILE:		or specified state employ- Commission on Ethics, P.O.	July 1 of 2006.
At the end of office or employment each local officer, state officer, and specified state		llahassee, FL 32317-5709; 00 Maclay Boulevard, South,	
employee is required to file a final disclosure	Sutie 201, Tallahass		
form (Form 1F) within 60 days of leaving office or employment, unless you take another posi-		what category your position "Who Must File" Instructions	
tion within the 60-day period that requires you to file financial disclosure on Form 1 or Form	on page 3.		

NOTE:

6.



March 3, 2006

Mr. Chuck Adams
Assistant Regional Director of Operations
Moyer & Associates
15730 Red Fox Run
Fort Myers, FL 33912

RE: Parklands West Community Development District

Dear Mr. Adams,

Please accept this letter as my resignation from the Parklands West Community Development District effective as of today, March 3, 2006.

If you should have any questions or concerns, please feel free to contact me.

Sincerely,

Mark S. Taylor

Board of Supervisors

Parklands West Community Development District

FORM 1

STATEMENT OF

		200	
•	_		

Please print or type your name, mailing

FINANCIAL INTERESTS (

		2000
	P	1

address, agency name, and position below:	THIANCIAL				
LAST NAME FIRST NAME MIDDLE NAME			OR OFFICE	i i	3
Taylor, Mark S.			JSE ONLY:	1101	3
MAILING ADDRESS:				NOL	₹
3185 Horseshoe Drive South			. 10	N Code	
				O Code 、	07AUG02AM1115SDELeeCoF
CITY: ZIP:	COUNTY:				55
Naples 34	104 Co11	ier	I IL) No.	H H
NAME OF AGENCY :					r B
Parklands West Community Dev	elopment District		C	onf. Code	Ö l
NAME OF OFFICE OR POSITION HELD OR S	OUGHT :		P.	Req. Code	$\bar{\mathbb{D}}$
Supervisor					
You are not limited to the space on the lines on thi	s form. Attach additional sheets, i	f necessary.			
CHECK ONLY IF CANDIDATE OR	NEW EMPLOYEE OR AP	POINTEE			l
***	SOTH PARTS OF THIS SECTIO	N MUST BE COMPLE	ETED**		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIA A FISCAL YEAR. PLEASE STATE BELOW WH	AL INTERESTS FOR THE PRE	CEDING TAX YEAR, V	WHETHER BA TAX YEAR E	ENDING EITHER (check on	
MANNER OF CALCULATING REPORTABLE II THE LEGISLATURE ALLOWS FILERS THE (REQUIRES FEWER CALCULATIONS, OR US instructions for further details). PLEASE STATE COMPARATIVE (PERCENTAGE) THRES	OPTION OF USING REPORTI NG COMPARATIVE THRESHO BELOW WHETHER THIS STAT	OLDS, WHICH ARE U	ISUALLY BAS EITHER (chec	SED ON PERCENTAGE VA	
PART A PRIMARY SOURCES OF INCOME NAME OF SOURCE OF INCOME	[Major sources of income to the SOUR ADDR	CE'S	·····	DESCRIPTION OF THE SO PRINCIPAL BUSINESS AC	
	3185 Horseshoe Dr				
The Ronto Group, Inc.	Naples, FL 34104		S ₁	r. Vice President	
PART B SECONDARY SOURCES OF INCO					- '
	E OF MAJOR SOURCES FBUSINESS' INCOME	ADDRES OF SOUR		PRINCIPAL BU ACTIVITY OF S	
N/A					
N/A					
PART C REAL PROPERTY [Land, buildings	owned by the reporting person]	and	LING INSTRUCTION	are locat-
566 108th Avenue N., Naples,	FL 34108		ed	at the bottom of page 2	: •
				STRUCTIONS on wh s form and how to fill it page 3.	
			THER FORMS you m. are described on page		

PART D — INTANGIBLE PERSONAL PROPERTY [Stor	ks, bonds, certificates of deposit, etc. BUSINESS ENT] ITY TO WHICH THE PROPE	ERTY RELATES .	
N/A				
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	l	ADDRESS OF CREDITOR		
N/A	·	<u>.</u> .		
PART F INTERESTS IN SPECIFIED BUSINESSES (wnership or positions in certain types	of businesses] N/A		
BUSINESS EN	ITY # 1 BUSINESS	S ENTITY # 2	BUSINESS ENTITY # 3	
NAME OF 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):	JRE (required): DATE SIGNED (required): 3.03.06			
TN	I INC INCEDITOR	ONC.		

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.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

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.

FILING INSTRUCTIONS:

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; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

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.

FORM 1		STATEM	ENT OF			2006
Please print or type your name, mailing address, agency name, and position belo	ow:	FINANCIAL	INTERES	STS [7077
LAST NAME FIRST NAME MIDD	LE NAME	:	1	FOR OFFICE		ਛਿੱ ।
Taylor, Mark S.				USE ONLY:		<u>හි</u>
MAILING ADDRESS :						
566 108th Ave N				ID	Code	07AUG02AN11115 SOE Lee Co F
CITY:	ZIP :	COUNTY:				# #
Naples	3410	08 Co1	lier	OI ID	No.	<u>S</u>
NAME OF AGENCY: Parklands Lee Commun	nity De	evelopment District	:	Co	onf. Code	
NAME OF OFFICE OR POSITION HE	LD OR S	DUGHT:		P.	Req. Code	
Assistant Secretary			•			
You are not limited to the space on the limited to the space on the limited CHECK ONLY IF CANDIDATE		form. Attach additional sheets, NEW EMPLOYEE OR AF	· ·			
	B	OTH PARTS OF THIS SECTION	ON MUST BE COMPL	ETED		,
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BEI DECEMBER 31, 200	FINANCIA LOW WHE	L INTERESTS FOR THE PRE	ECEDING TAX YEAR,	WHETHER BA TAX YEAR E	NDING EITHER (che	
MANNER OF CALCULATING REPOR THE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS instructions for further details). PLEAS COMPARATIVE (PERCENTAG	S THE C , OR USII E STATE	PTION OF USING REPORT NG COMPARATIVE THRESH BELOW WHETHER THIS STA	OLDS, WHICH ARE U	JSUALLY BAS EITHER (check	ED ON PERCENTA	GE VALÜES (see
PART A PRIMARY SOURCES OF NAME OF SOURCE OF INCOME	NCOME	SOUF	e reporting person] RCE'S RESS		ESCRIPTION OF TH	
The Beat Course Terr		3185 Horseshoe D	rive South	C-	. Wi Di	
The Ronto Group, Inc.		Naples, FL 3410	4	21	. Vice Presi	dent
				**		
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	NAME	ME [Major customers, clients, a OF MAJOR SOURCES BUSINESS' INCOME	and other sources of in ADDRES OF SOUR	ss	PRINCIP	eporting person] AL BUSINESS / OF SOURCE
N/A						
			·			
PART C REAL PROPERTY [Land, buildings owned by the reporting person] 566 108th Ave N, Naples, FL 34108					ING INSTRUC where to file this at the bottom of p	form are locat- age 2.
					STRUCTIONS of form and how topage 3.	
					HER FORMS yeare described on	

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE I BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
N/A	7		DOUGLOO EIVITT TO WHOT IT	ETHOLENT NEEDLE	
,					
PART E — LIABILITIES [Major de NAME OF CREDI			ADDRESS OF CR	REDITOR	
N/A					
				Martin Company	
PART F — INTERESTS IN SPECIF	TIED BUSINESSES (O	wnership or positio	ns in certain types of businesses]	N/A	
NAME OF	BUSINESS ENT	ITY#1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
NAME OF 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 ARI	E CONTINUE	ON A SEPARATE SHEET, P	LEASE CHECK HERE	
SIGNATURE (required): 3.03.06					
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.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

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NOTE:

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WHERE TO FILE:

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Candidates file this form together with their qualifying papers.

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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.



Supervisor of Elections PO Box 2545
Fort Myers, FL 33902-2545

名も姓んちんののちん

FORM 1 STATEMENT OF 2005 FINANCIAL INTERESTS COP Please print or type your name, mailing address, agency name, and position below: LAST NAME -- FIRST NAME -- MIDDLE NAME : FOR OFFICE Taylor, Mark S. **USE ONLY:** 16447 MAILING ADDRESS: Ronto Development ID Code 3185 Horseshoe Drive South CITY: ZIP: COUNTY: ID No. Naples 34104 **Collier** NAME OF AGENCY : Conf. Code Parklands West Community Development District NAME OF OFFICE OR POSITION HELD OR SOUGHT: P. Req/ Code Supervisor CHECK ONLY IF CANDIDATE OR ■ NEW EMPLOYEE OR APPOINTEE **BOTH PARTS OF 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, 2005** SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: OR 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 <u>OR</u> PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE SOURCE'S **DESCRIPTION OF THE SOURCE'S** OF INCOME **ADDRESS** PRINCIPAL BUSINESS ACTIVITY 3185 Horseshoe Drive South The Ronto Group, Inc. Naples, FL 34104 Sr. Vice President 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 SOURCE **ACTIVITY OF SOURCE** N/A

66	108th	Avenue	North,	Naples,	FL	34108
----	-------	--------	--------	---------	----	-------

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.

OTHER FORMS you may need to file are described on page 6.

PART D — INTANGIBLE PERSOI TYPE OF INTANGIB		ks, bonds, certificat	es of deposit. etc.) BUSINESS ENTITY TO WHICH THE	PROPERTY RELATES
N/A				
PART E — LIABILITIES [Major d NAME OF CREDI		and the first of the season of	ADDRESS OF CRE	DITOR
N/A				
			:	
PART F - INTERESTS IN SPECIF	FIED BUSINESSES [O	wnership or positior	ns in certain types of businesses]	I/A
	BUSINESS ENT	ITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF 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 FARTS	A THROUGH F AR	E CONTINUED	ON A SEPARATE SHEET, PL	LEASE CHECK HERE
SIGNATURE (required)			DATE SIGNED	(required): 8/4/65
	FU	LING INS	STRUCTIONS:	

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.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

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

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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; physical address. 3600 Maclay Boulevard, South. Suite 201, Tallahassee, FL 32312

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

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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

FORM 1		STATEM	ENT OF	COP 2003			
Please print or type your name, mailing address, agency name, and position belo	w:	FINANCIAL	INTERES	STS			
LAST NAME FIRST NAME MIDDL	E NAME	:		FOR OFFICE			
Taylor Mark		S.		USE ONLY:			
MAILING ADDRESS: 566 108th Avenue N	h						
Joo Tooth Avenue N	OLUI		/	ID Code			
			ľ	1101/15/			
CITY: Naples	ZIP :		ollier	₩ No.			
NAME OF AGENCY :				5			
Parklands Lee CDD		·		Conf. Code			
NAME OF OFFICE OR POSITION HE Board of Superviso		OUGHT:		P. Req. Code			
CHECK IF (CANDIDATE OR	Ø.	IEW EMPLOYEE OR APPOIN	ΓEE				
		THIS SECTION MUS	T RE COMPLETED				
DISCLOSURE PERIOD:	F(\$) • • • •			MUST USE DAOSED ON A OAL SAID OF STAIR			
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 REPOR	TABLE	NTERESTS:					
				THAT ARE ABSOLUTE DOLLAR VALUES, WHICH USUALLY BASED ON PERCENTAGE VALUES (see			
instructions for further details). PLEAS							
COMPARATIVE (PERCENTAG	E) THRE	SHOLDS	OR L	DOLLAR VALUE THRESHOLDS			
PART A PRIMARY SOURCES OF II NAME OF SOURCE OF INCOME	NCOME	SOU	e reporting person] RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
		3185 Horseshoe	Drive South				
The Ronto Group		Naples, FL 3410	04	Sr. Vice President			
PART B SECONDARY SOURCES	OF INCO	MF (Major customers, clients :	and other sources of in	come to businesses owned by the reporting person			
NAME OF		E OF MAJOR SOURCES	ADDRES				
BUSINESS ENTITY	OI	BUSINESS' INCOME	OF SOUR	CE ACTIVITY OF SOURCE			
N/A							
·							
	·						
PART C REAL PROPERTY [Land,	buildings	owned by the reporting person	1]	FILING INSTRUCTIONS for when			
566 108th Avenue 1	J. No.	nles FI 3/109		and where to file this form are located at the bottom of page 2.			
JOO TOOCH AVEILUE 1	·, MG	P100, 111 J7100		INSTRUCTIONS on who must file			
			1. 1	this form and how to fill it out begin on page 3.			
				OTHER FORMS you may need to			
				file are described on name 6			

PART D — INTANGIBLE PERSONAL PROPERTY TYPE OF INTANGIBLE	[Stocks, bonds, certific	ates of deposit, etc.]	
	ı	BUSINESS ENTITY TO WHI	ICH THE PROPERTY RELATES
N/A			
•			
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	1	ADDRESS	OF CREDITOR
N/A			
			
<u> </u>			
PART F — INTERESTS IN SPECIFIED BUSINESSE		••	
NAME OF	S 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%	<u> </u>		
INTEREST IN THE BUSINESS NATURE OF MY			
OWNERSHIP INTEREST	\leftarrow		
IF ANY OF PARTS A THROUGH F	ARE CONTINUE	D ON A SEPARATE SHE	ET, PLEASE CHECK HERE
SIGNATURE (required):		DATE S	GIGNED (required): 06/15/04
	FILING IN	STRUCTIONS:	
WHAT TO FILE:	WHERE TO FIL		WHEN TO FILE: Initially, each local officer/employee, state

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.

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.

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 posi-

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.