

7004 1350 0000 9067 1214

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OFFICIAL USE

Postage	\$	SEP 04 2007 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement)		
Total Post	DARLENE LOWE COLLIER COUNTY ELECTIONS 3301 TAMIAMI TRL EAST NAPLES FL 34112	
Sent To		
Street, Apt. or PO Box 1		
City, State		

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 9-5</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>DARLENE LOWE COLLIER COUNTY ELECTIONS 3301 TAMIAMI TRL EAST NAPLES FL 34112</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7004 1350 0000 9067 1214</p>

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

LAST NAME — FIRST NAME — MIDDLE NAME: Taylor, Mark		NAME OF REPORTING PERSON'S AGENCY: Parklands Lee Community Development District	
MAILING ADDRESS: 566 108th Avenue N		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: Naples	ZIP: 34108	LIST OFFICE OR POSITION HELD: Assistant Secretary	
COUNTY: 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, 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, 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	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
The Ronto Group, Inc.	3185 Horseshoe Drive South Naples, FL 34104	Sr. Vice President

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
N/A			

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

566 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 PROPERTY [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	

PART E — LIABILITIES [Major debts]
NAME OF CREDITOR

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

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

N/A	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3

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

SIGNATURE:



DATE SIGNED:

March 3, 2006

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). 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 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 2006, you may not have filed Form 1 for 2005. 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 2005 by July 1 of 2006.



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,

A handwritten signature in black ink, appearing to read 'Mark S. Taylor', is written over the word 'Sincerely'.

Mark S. Taylor
Board of Supervisors
Parklands Lee Community Development District

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

LAST NAME — FIRST NAME — MIDDLE NAME: Taylor, Mark S.		NAME OF REPORTING PERSON'S AGENCY: Parklands West Community Development District	
MAILING ADDRESS: 3185 Horseshoe Drive South		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: Naples	ZIP: 34104	LIST OFFICE OR POSITION HELD: Supervisor	
COUNTY: Collier			

BOTH PARTS OF THIS SECTION MUST BE COMPLETED

DISCLOSURE PERIOD:

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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
The Ronto Group, Inc.	3185 Horseshoe Drive South Naples, FL 34104	Sr. Vice President

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
N/A			

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

566 108th Avenue North, Naples, FL 34108

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

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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

N/A

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

N/A

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

N/A

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

NAME OF BUSINESS ENTITY

ADDRESS OF BUSINESS ENTITY

PRINCIPAL BUSINESS ACTIVITY

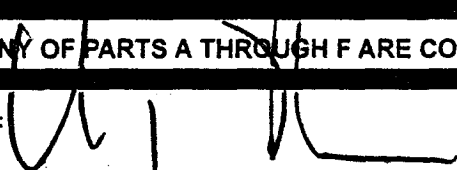
POSITION HELD WITH ENTITY

I OWN MORE THAN A 5% INTEREST IN THE BUSINESS

NATURE OF MY OWNERSHIP INTEREST

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

SIGNATURE:



DATE SIGNED:

March 3, 2006

FILING INSTRUCTIONS:

WHAT TO FILE:

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WHEN TO FILE:

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

NOTE:

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The Ronto Group

March 3, 2006

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

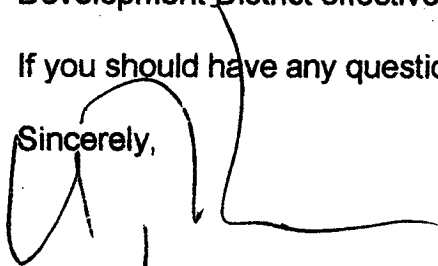
RE: Parklands West Community Development District

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

FINANCIAL INTERESTS

COPY

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Taylor, Mark S.

MAILING ADDRESS :

3185 Horseshoe Drive South

CITY : ZIP : COUNTY :
 Naples 34104 Collier

NAME OF AGENCY :
 Parklands West Community Development District

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
 Supervisor

FOR OFFICE USE ONLY:

NOL

ID Code
 ID No.
 Conf. Code
 P. Req. Code

*07PALUC02PM1115 SDE LEE Co FI

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

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, 2006 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	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
The Ronto Group, Inc.	3185 Horseshoe Drive South 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 BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

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

566 108th Avenue N., 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 PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

N/A

PART E — LIABILITIES [Major debts]
NAME OF CREDITOR

ADDRESS OF CREDITOR

N/A

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

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

NAME OF BUSINESS ENTITY

ADDRESS OF BUSINESS ENTITY

PRINCIPAL BUSINESS ACTIVITY

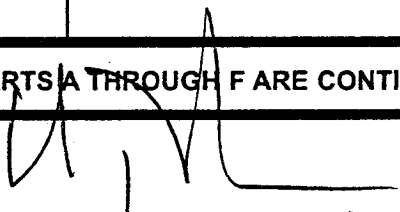
POSITION HELD WITH ENTITY

I OWN MORE THAN A 5% INTEREST IN THE BUSINESS

NATURE OF MY OWNERSHIP INTEREST

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

SIGNATURE (required):



DATE SIGNED (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).

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.

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.

Please print or type your name, mailing address, agency name, and position below:

FINANCIAL INTERESTS

*07PLUG02M1115 SDELee Co F1

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Taylor, Mark S.

MAILING ADDRESS :
566 108th Ave N

CITY : **Naples** ZIP : **34108** COUNTY : **Collier**

NAME OF AGENCY :
Parklands Lee Community Development District

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Assistant Secretary

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

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, 2006 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

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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	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
The Ronto Group, Inc.	3185 Horseshoe Drive South 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 BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

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

566 108th Ave N, Naples, FL 34108

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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

N/A

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

N/A

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

N/A

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

NAME OF BUSINESS ENTITY

ADDRESS OF BUSINESS ENTITY

PRINCIPAL BUSINESS ACTIVITY

POSITION HELD WITH ENTITY

DO 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)

DATE SIGNED (required):

3.03.06

FILING INSTRUCTIONS:

WHAT TO FILE:

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NOTE:

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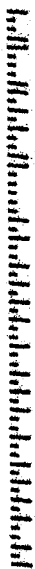
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The Ronto Group

14013 Bonita Beach Road SE
Bonita Springs, Florida 34135

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

339022545



113
0920 00.580 JUL 31 07
0738 MAILED FROM ZIP CODE 34135



FINANCIAL INTERESTS

COPY

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Taylor, Mark S. 16447

MAILING ADDRESS :
Ronto Development

3185 Horseshoe Drive South

CITY : **Naples** ZIP : **34104** COUNTY : **Collier**

NAME OF AGENCY :
Parklands West Community Development District

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Supervisor

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

ID Code _____

ID No. _____

Conf. Code _____

P. Req. Code _____

06A1G09M0856 SOE L (Rev. 0-01)

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N/A			

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

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TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

N/A

PART E — LIABILITIES [Major debts]
NAME OF CREDITOR

ADDRESS OF CREDITOR

N/A

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

N/A

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

NAME OF BUSINESS ENTITY

ADDRESS OF BUSINESS ENTITY

PRINCIPAL BUSINESS ACTIVITY

POSITION HELD WITH ENTITY

DO 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)

DATE SIGNED (required):

8/4/06

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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

STATEMENT OF

COPY 2003

FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Taylor Mark S.

MAILING ADDRESS :

566 108th Avenue North

CITY : **Naples** ZIP : **34108** COUNTY : **Collier**

NAME OF AGENCY : **Parklands Lee CDD**

NAME OF OFFICE OR POSITION HELD OR SOUGHT : **Board of Supervisors**

CHECK IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

RECEIVED
2004 JUN 17 PM 1:34
SUPERVISOR OF COLLECTIONS

****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	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
The Ronto Group	3185 Horseshoe Drive South 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 BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

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

566 108th Avenue N, 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 PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

N/A

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

N/A

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

N/A

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

NAME OF BUSINESS ENTITY

ADDRESS OF BUSINESS ENTITY

PRINCIPAL BUSINESS ACTIVITY

POSITION HELD WITH ENTITY

DO 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):

DATE SIGNED (required): 06/15/04

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:

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