

**FORM 1**

**STATEMENT OF**

**2003**

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

**FINANCIAL INTERESTS**

LAST NAME -- FIRST NAME -- MIDDLE NAME:

Toth Gregory Frank

MAILING ADDRESS:

15240 Cove Lane

Ft. Myers 33508 Lee

CITY: ZIP: COUNTY:

Estero Community Planning Panel

NAME OF AGENCY:

Member

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

*A/C*

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2004 AUG 25 PM 4:11  
SUPERVISOR'S OFFICE

PDF 2003

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	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Select Real Estate by Stephanie Miller, Inc.	12651 McGregor Blvd. #4-403 Ft. Myers, FL 33919	Commercial Real Estate

**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

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

Twin Peaks \$326,700 / Esterovista \$15,000
Sandy Lane \$40,000 / Park Circle \$318,500
Erick Lane \$160,000 / Koroshan 36 \$250,000
348 Sherwood \$405,000 / Cove Ln. \$450,000

**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.

RECEIVED  
 2004 JUL 15 11:41 AM  
 P. 2  
 SUPERVISOR OF ELECTIONS

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
None	

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Pelican National Bank (Park Circle)	12730 New Brittany Blvd. Ft Myers, 33907
Bank of America (Cove Lane)	P.O. Box #630005, Dallas, TX 75263

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]			
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
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): 8/23/04
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**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.

**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.  
**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.

Madeline 3/25/04  
Collier Co.

**FORM 1X**

**AMENDMENT TO FORM 1**

**STATEMENT OF FINANCIAL INTERESTS**

LAST NAME - FIRST NAME - MIDDLE NAME (same as on original Form 1): <u>Toth, Gregory, Frank</u>	◆ THIS FORM 1X AMENDS THE FORM 1 (Statement of Financial Interests) I FILED FOR THE YEAR: <u>12/31/03</u>
MAILING ADDRESS: <u>348 Sharwood Drive</u>	◆ DURING THAT YEAR, I HELD, OR WAS A CANDIDATE FOR, THE POSITION OF: <u>Member</u>
<u>Naples, 34110 Collier</u>	◆ WITH THIS GOVERNMENTAL AGENCY: <u>Estero Community Planning Panel</u>
CITY: ZIP: COUNTY: <u>Moved to Cove Ln. 8/21/04</u>	

**MANNER OF CALCULATING REPORTABLE INTERESTS:**

PRIOR TO 2001, THE THRESHOLDS FOR REPORTING FINANCIAL INTERESTS WERE COMPARATIVE, USUALLY BASED ON PERCENTAGE VALUES. BEGINNING IN 2001, THE LEGISLATURE ALLOWED FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS (mandatory for filings prior to 2001; elective for filings beginning in 2001)

OR

DOLLAR VALUE THRESHOLDS (elective for filings beginning in 2001)

**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
<u>Select Real Estate by Stephanie Miller, Inc.</u>	<u>12651 McGregor Blvd. # 4-403</u>	<u>Commercial Real Estate</u>
	<u>Ft. Myers, FL 33919</u>	

**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'S INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

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

Twin Peaks \$326,700 / Esterovista \$15,000 / Sandy Lane \$40,000  
Erika Lane \$160,000 / Kereshan 36 \$250,000 / Park Circle \$316,500  
348 Sharwood \$405,000 / 15240 Cove Lane \$450,000

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
<u>None</u>	

**PART E — LIABILITIES [Major debts]**  
NAME OF CREDITOR

ADDRESS OF CREDITOR

Pelican Nat. Bank (Park Creek Mort.) 12730 New Brittany Blvd., Ft Myers, FL 33907  
Bank of Amer. (15240 Cove Ln. Mort.) P.O. Box 630005, Dallas Tx. 75263

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

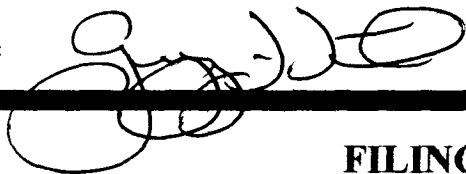
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NONE		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

**PART G — EXPLANATION OF CHANGES**

Updating current investment values on Part C  
Removing "River Oaks"  
Adding "Esterovista"  
Adding "Koreshan 36"

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

SIGNATURE:



DATE SIGNED:

3/25/04

**FILING INSTRUCTIONS:**

**WHERE TO FILE:**

Return the form to the location where you filed the Form 1 that you are seeking to amend.

*Local officers* should have filed with the Supervisor of Elections of the county in which they permanently resided. (If you did not permanently reside in Florida, then with the Supervisor

of the county where your agency had its headquarters.)

*State officers' or specified state employees'* forms should be filed with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.

*Candidates* should have filed their Form 1

together with their qualifying papers.

**QUESTIONS:**

About this form or the ethics laws may be addressed to the Commission on Ethics, Post Office Drawer 15709, Tallahassee, Florida 32317-5709; telephone (850) 488-7864 (Suncom 278-7864).

**INSTRUCTIONS FOR COMPLETING FORM 1 X:**

**INTRODUCTORY INFORMATION (At Top of Form):**

**NAME, DISCLOSURE PERIOD, NAME OF POSITION, and NAME OF AGENCY:** Use the same information as on the original Form 1 you are seeking to amend.

**MAILING ADDRESS:** Use your current mailing address.

**MANNER OF CALCULATING REPORTABLE INTERESTS:** Check the box that corresponds to the type of thresholds you used for the original Form 1 you are seeking to amend.

**PARTS A through F:**

Use these sections of the form to report the new information you believe should have been reported on your original Form 1, continuing on a separate sheet if necessary. Additional instructions are found on pages 3-5, attached.

**PART G:**

Use this section of the form to explain the changes you are making in your original Form 1.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>8/24</u>
1. Article Addressed to:  <p style="text-align: center;">GREGORY TOTH 348 SHARWOOD DR NAPLES FL 34110</p>	C. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____
	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.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	<p style="text-align: center;">7001 0360 0000 8146 1995</p>

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

7001 0360 0000 8146 1995

O F F I C I A L   U S E

Postage \$	<u>1.46</u>	Postmark Here <u>8-20-2004</u> <u>Bellevue</u>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement)		
<b>Total Postage</b>		

**Sent To**


GREGORY TOTH  
348 SHARWOOD DR  
NAPLES FL 34110

Street, Apt. # or PO Box No \_\_\_\_\_  
 City, State, Zi \_\_\_\_\_

**SHARON L. HARRINGTON  
SUPERVISOR OF ELECTIONS  
LEE COUNTY - FLORIDA**

<u>PHYSICAL ADDRESS</u>	<u>MAILING ADDRESS</u> please send all correspondence to this address
LEE COUNTY CONSTITUTIONAL COMPLEX 2480 THOMPSON STREET 3 <sup>RD</sup> FLOOR FORT MYERS FL 33901	P O BOX 2545 FORT MYERS FL 33902-2545
MAIN OFFICE 239-339-6304	FAX 239-339-6310

**TO :** Gregory Toth  
Lee County Community Sector Planning Committee

**FROM :** Bernie Feliciano  
[bfeliciano@leeelections.com](mailto:bfeliciano@leeelections.com)  
Qualifying Officer 

**DATE :** August 20, 2004

**RE :** Filing of Statement of Financial Interests for 2003

You recently filed a (Form 1X Statement of Financial Interest) with the Collier County Supervisor of Elections Office for your appointment to the Lee County Community Sector Planning Committee. This form is only filed when an appointed or elected member of a local board has filed his/her standard Form 1 and Form 1 must be amended.

You must file a standard Form 1 Statement of Financial Interest for 2003 (year ending 12-31-2003). Although you are a resident of Collier County, your name, as a Form 1 Statement of Financial Interest filer, appears on the Lee County List of Filers. You should file your Form 1 with the Collier County Supervisor of Elections; however, you should provide our office with a copy of the Form 1 you file by **September 1, 2004**. This will enable us to remove your name from our list and eliminate a possible fine assessment on your behalf. If you do not file the correct Form 1 by September 1, 2004, the Florida Commission on Ethics will assess a fine of \$25.00 for each day late up to \$1,500 beginning on September 2, 2004.

Enclosed is a standard Form 1 Statement of Financial Interest 2003 for you to complete and sign. You may file your Form 1 with the Collier County Supervisor of Elections or you may file your Form 1 with our office. If you choose to file your Form 1 with our office, we will send the original Form 1 to the Collier County Supervisor of Elections and keep a copy for your Lee County file. A postage-paid envelope has been provided.

Please call me at 339-6304 if you have any questions regarding the enclosed items.

Enclosures: Form 1 Statement of Financial Interest for 2003  
Postage Paid Return Envelopes

# LEE COUNTY SUPERVISOR OF ELECTIONS

NUMBER OF PAGES INCLUDING FAX COVER SHEET: 7

DATE: 8-20-04

TO: Gregory Toth

PHONE: 239 597-2581

FAX: 239 597-2581

12:45 P.M.  
**FAXED**  
8-20-04

**FROM** BERNIE R. FELICIANO  
QUALIFYING OFFICER  
LEE COUNTY SUPERVISOR OF ELECTIONS OFFICE  
TELEPHONE 239-339-6304 OR 239-339-6300  
FAX 239-339-6310

*Mr. Toth -*

*Please complete and file  
the accompanying form.  
You filed the wrong form  
with Collier Co. Elections.*

*I will follow up by mail, however,  
this filing needs to be done  
by September 1, 2004. The State  
begins assessing fines on 9-1-04.*

*Mail your completed form with original  
signature to:*

*Lee Co. Elections  
P.O. Box 2545  
Fort Myers, FL 33902  
B. Feliciano*

FINANCIAL INTERESTS

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

LAST NAME - FIRST NAME - MIDDLE NAME

TOTH GREGORY FRANK

MAILING ADDRESS

348 SHARWOOD DRIVE

CITY

NAPLES

ZIP

34110

COUNTY

COLLIER

NAME OF AGENCY

ESTERO COMMUNITY PLANNING PANEL

NAME OF OFFICE OR POSITION HELD OR SOUGHT

member of

CHECK IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

ID Code

ORIGINAL FILED

ID No. WITH COE IN TALLAHASSEE

Conf. Code

P Req Code

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AUG 13 AM 10:38  
SUPERVISOR OF ELECTRONICS

RECEIVED  
2002 AUG 13 AM 10:38  
SUPERVISOR OF ELECTRONICS

"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, 2002 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
Select Real Estate Inc	12651 McGregor Blvd.	Real Estate
Stephanie Miller, Inc.	Suite 4-403 E. Myers, FL 33919	

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

PART C - REAL PROPERTY (Land, buildings owned by the reporting person)

RIVERDALE 10.9	\$80,000
ERIKA LANE PARTNERSHIP 4.5 ACRES/11.6% int.	\$150,000
SANDY LANE PARTNERSHIP 10 ACRES/	\$100,000
PARK CIRCLE LLC 50% interest	\$125,000
HOME @ 348 SHARWOOD	\$200,000
HOUSE COVE LANE	\$400,000

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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 5.



PART J — INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc.)  
 TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

NONE

PART E — LIABILITIES (Major debts)  
 NAME OF CREDITOR

ADDRESS OF CREDITOR

HOUSE LOAN  
 \$287,500

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 2003 AUG 13 AM 10:28  
 SUPERVISOR OF ELECTIONS

PART F — INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY	none		
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):

6/24/03

**FILING INSTRUCTIONS:**

**WHAT TO FILE:**

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**NOTE:**

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*Finally*, at the end of office or employment, each local officer/employee, state officer, or specified state employee is required to file final disclosure form (Form 1F) within 60 days of leaving office or employment.

**SENDER**

- Complete items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100
- Print your name and address on the back so that the recipient can return the item to you.
- Attach this card to the back of the item or on the front if the item is too large.

1. **ADDRESSEE**  
 COMMISSIONER OF REVENUE  
 PO BOX 1574  
 TALLAHASSEE, FL 32301

2. **ADDRESS**  
 (Mark "X" in the box if you are mailing to a PO Box)

3. **POSTAGE AND FEES**  
 First-Class Mail  
 Registered  
 Insured Mail  
 C.O.D.

4. **Restricted Delivery? (Extra Fee)**  Yes  No

5. **POSTAGE AND FEES PAID**  
 7002 2410 0005 5181 5102

PS Form 3811, August 2001 Domestic Return Receipt 102500-00-00-1040

RECEIVED  
 2003 AUG 13 AM 10:38  
 SUPERVISOR OF ELECTIONS



### Fax Cover Sheet

12651 Mc Gregor Blvd.  
 Suite 4-403  
 Fort Myers, FL 33919  
 239-277-1515  
 239-277-0858

Send to: <b>Bernie</b>	From: <b>JAIME</b>
Date: <b>8/13/03</b>	
Number of Pages including cover: <b>4</b>	
Fax Number: <b>339 6310</b>	Phone Number: <b>339 - 6304</b>

**Comments:**

Bernie -  
 The following are Greg's statements of financial interests and the return receipt from the office that received it. Please call me if you need additional info. Thanks!

*Jaime*

All information furnished regarding property for sale, rental or financing is from sources deemed reliable, but no warranty or representation is made as to the accuracy thereof and same is submitted subject to errors, omissions, change of price, rental or other conditions, prior sale, lease or financing or withdrawal without notice. No liability of any kind is to be imposed on the broker.