FORM 1	2007					
Please print or type your name, mailing address, agency name, and position belo	w: FINANCIAL	<b>INTERESTS</b>				
LAST NAME - FIRST NAME - MIDDI TOTH - Greek MAILING ADDRESS: 15240 COVE	ENAME: - F. Lane:	FOR OFF				
Ft. Myers, CITY:  NAME OF AGENCY:	33908 Lee ZIP: COUNTY:	/	ID Code  R  ID No.  Conf. Code			
·	nity Planning Pane LD OR SOUGHT:  The son this form. Attach additional sheets,  OR   NEW EMPLOYEE OR AF	if necessary.	P. Req. Code			
**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, 2007  DECEMBER 31, 2007  DECEMBER 31, 2007  DECEMBER 31, 2007  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:  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 SOURCE'S OF INCOME ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
Gulfcozz Drive	Ste 9750 Corksor Pange 9000 Williams	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	95% 18 5%			
PART B SECONDARY SOURCES  NAME OF BUSINESS ENTITY	OF INCOME [Major customers, clients, NAME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income to  ADDRESS  OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
N/A						
PART C REAL PROPERTY [Land, buildings owned by the reporting 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.			
			OTHER FORMS you may need to file are described on page 6.			

PART D — INTANGIBLE PERSO TYPE OF INTANGI		ificates of deposit, etc.] BUSINESS ENTITY TO WHIC	H THE PROPERTY REL	ATES		
PART E — LIABILITIES [Major debts]  NAME OF CREDITOR		ADDRESS OF CREDITOR				
EL Coulf Pasak		2247 First St., Ft. Myers, FL 33901				
Colonial Bank		10070 Daniels Interstate Ct., Ft. Myers, FL 33913				
BBIT Bonk of KY		360 E. Vine Street, Lexington, KY 40507.				
		ž ž				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]						
BUSINESS ENT		ITY # 1	BUSINESS ENTITY # 2	BUSIN	iess entity # 3빛	
NAME OF BUSINESS ENTITY	N/A				<u>S</u>	
ADDRESS OF BUSINESS ENTITY					i de	
PRINCIPAL BUSINESS ACTIVITY					Š	
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						
II ANTOT TANTO	A ITHOUGHT AN		LD OHA OLI AIVAIL OHLL	., r LLAGE OFFICE		

SIGNATURE (required):

# 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 Blvd. 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:

DATE SIGNED (required):

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.

6/27/08

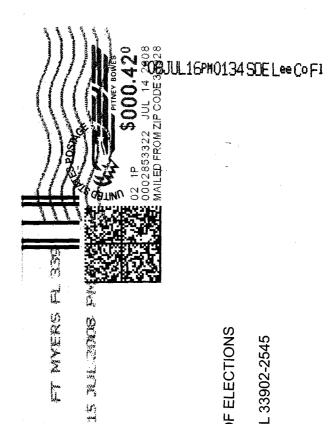
**Candidates** for publicly-elected local office must file at the same time they file their qualifying papers.

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 "PART C" (GREGORY F. TOTH)

PROPERTY	PARCEL ID		
50% Park Circle, LLC	34-46-25-00-00012.0000		
12.83% Sandy Lane Partnership SE, LLC	34-46-25-01-0000C.035G 34-46-25-01-0000C.035A 34-46-25-01-0000C.035D 34-46-25-01-0000C.035E 34-46-25-01-0000C.035D 34-46-25-01-0000C.035D 34-46-25-01-0000C.035B 34-46-25-01-0000C.035B 34-46-25-01-0000C.035F 34-46-25-01-0000C.035F 34-46-25-00-00005.0000 34-46-25-00-00005.0010 34-46-25-00-00005.0020 33-46-25-00-00018.0000 33-46-25-00-00019.0000		
8.33% Gulfcoast Driving Range, LLC	34-46-25-01-0000C.0150		
10% Koreshan/Cypress View, LLC	22-46-25-00-01001.1010		
9.99% I-75, LLC	22-44-25-P1-00066.0000		
50% Twin Peaks	33-46-25-00-00019.0010		
5% Esterovista, LLC	20-46-25-01-00007.0000		
6.25% Alico 73, LLP	03-46-25-00-00001.101A		
7.5% Carissa, LLC	17-45-25-00-00004.0020 17-45-25-00-00004.0000 17-45-25-01-0000.0270 17-45-25-01-0000.0280		
1.25% Penzance Square, LLC	08-45-25-00-00004.0020		
12.5% Wildcat Hollow, LLC	33-46-25-00-00018.0090		
1.25% West Cypress View, LLC	22-46-25-00-01001.1100		
40.12 Colonial Fowler Plaza, LLC	34-46-25-15-00000.0008 34-46-25-15-00000.0009		



SUPERVISOR OF ELECTIONS P.O. BOX 2545 FORT MYERS FL 33902-2545

WEEL FOR OF ELECTIONS

LEE COUNTY

CONSTITUTIONAL COMPLEX

PO. BOX 2545

FORT MYERS, FLORIDA 33902