FORM 1

STATEMENT OF

2006

Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	. INTEREST	S
LAST NAME FIRST NAME MIDDLE NAM	Ē:	FOR	OFFICE TIO
			ONLY:
MAIL	111410707		
WEBB, JOSEPH MARK			189
20298 TORRE DEL LAGO ST ESTERO FL 33928	_		D Code
FRIEKO LE 33970			
CITY	_		A PER B
			No. ELECTIONS
NAME OF AGENCY :			LEGINSHO
Atesia Naples Community De	unland Diale	. 1	Conf. Cde F
NAME OF OFFICE OR POSITION HELD OR	COUNTY DISTE	ICT	
	300GHT:		I P. Req. Code
Supervisor			
You are not limited to the space on the lines on th			
CHECK ONLY IF _ CANDIDATE OR	■ NEW EMPLOYEE OR A	PPOINTEE	
**	BOTH PARTS OF THIS SECT	TON MUST BE COMPLETE	3**
DISCLOSURE PERIOD:	SUIN PARTS OF THIS SECT	ION MOST DE COMPLETE)
THIS STATEMENT REFLECTS YOUR FINANC			
A FISCAL YEAR. PLEASE STATE BELOW WH	_	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 I	NTERESTS:		
THE LEGISLATURE ALLOWS FILERS THE	OPTION OF USING REPORT	TING THRESHOLDS THAT	ARE ABSOLUTE DOLLAR VALUES, WHICH
			LLY BASED ON PERCENTAGE VALUES (see
instructions for further details). PLEASE STATE		\leftarrow	,
COMPARATIVE (PERCENTAGE) THRE	SHOLDS	QR 🔼	DOLLAR VALUE THRESHOLDS
DATE A DEMANDA COURCE OF INCOME			
PART A PRIMARY SOURCES OF INCOME			DESCRIPTION OF THE SOURCE'S
PART A PRIMARY SOURCES OF INCOME NAME OF SOURCE OF INCOME	SOU	he reporting person] RCE'S IRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
NAME OF SOURCE	SOU ADD	RCE'S PRESS	PRINCIPAL BUSINESS ACTIVITY
NAME OF SOURCE OF INCOME	24301 Walden Ce	rce's dress nter	
NAME OF SOURCE OF INCOME	SOU ADD	rce's dress nter	PRINCIPAL BUSINESS ACTIVITY
NAME OF SOURCE OF INCOME	24301 Walden Ce	rce's dress nter	PRINCIPAL BUSINESS ACTIVITY
NAME OF SOURCE OF INCOME	24301 Walden Ce	rce's dress nter	PRINCIPAL BUSINESS ACTIVITY
NAME OF SOURCE OF INCOME	24301 Walden Ce	rce's dress nter	PRINCIPAL BUSINESS ACTIVITY
NAME OF SOURCE OF INCOME	24301 Walden Ce Bonita Springs,	nter FL 34134	home building
NAME OF SOURCE OF INCOME WCI Communities, Inc. PART B SECONDARY SOURCES OF INCO NAME OF NAME	SOU ADD 24301 Walden Ce Bonita Springs ME [Major customers, clients, E OF MAJOR SOURCES	and other sources of income	to businesses owned by the reporting person] PRINCIPAL BUSINESS
NAME OF SOURCE OF INCOME WCI Communities, Inc. PART B SECONDARY SOURCES OF INCO NAME OF NAME	SOU ADD 24301 Walden Ce Bonita Springs, ME [Major customers, clients,	nter FL 34134 and other sources of income	home building to businesses owned by the reporting person]
NAME OF SOURCE OF INCOME WCI Communities, Inc. PART B SECONDARY SOURCES OF INCO NAME OF NAME	SOU ADD 24301 Walden Ce Bonita Springs ME [Major customers, clients, E OF MAJOR SOURCES	and other sources of income	to businesses owned by the reporting person] PRINCIPAL BUSINESS
NAME OF SOURCE OF INCOME WCI Communities, Inc. PART B SECONDARY SOURCES OF INCO NAME OF NAME	SOU ADD 24301 Walden Ce Bonita Springs ME [Major customers, clients, E OF MAJOR SOURCES	and other sources of income	to businesses owned by the reporting person] PRINCIPAL BUSINESS
NAME OF SOURCE OF INCOME WCI Communities, Inc. PART B SECONDARY SOURCES OF INCO NAME OF NAME	SOU ADD 24301 Walden Ce Bonita Springs ME [Major customers, clients, E OF MAJOR SOURCES	and other sources of income	to businesses owned by the reporting person] PRINCIPAL BUSINESS
NAME OF SOURCE OF INCOME WCI Communities, Inc. PART B SECONDARY SOURCES OF INCO NAME OF NAME	SOU ADD 24301 Walden Ce Bonita Springs ME [Major customers, clients, E OF MAJOR SOURCES	and other sources of income	to businesses owned by the reporting person] PRINCIPAL BUSINESS
NAME OF SOURCE OF INCOME WCI Communities, Inc. PART B SECONDARY SOURCES OF INCO NAME OF NAM BUSINESS ENTITY OF	24301 Walden Ce Bonita Springs, ME [Major customers, clients, E OF MAJOR SOURCES E BUSINESS' INCOME	nter FL 34134 and other sources of income ADDRESS OF SOURCE	to businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NAME OF SOURCE OF INCOME WCI Communities, Inc. PART B SECONDARY SOURCES OF INCO NAME OF NAME	24301 Walden Ce Bonita Springs, ME [Major customers, clients, E OF MAJOR SOURCES E BUSINESS' INCOME	nter FL 34134 and other sources of income ADDRESS OF SOURCE	to businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE FILING INSTRUCTIONS for when
NAME OF SOURCE OF INCOME WCI Communities, Inc. PART B SECONDARY SOURCES OF INCO NAME OF NAM BUSINESS ENTITY OF N/A PART C REAL PROPERTY [Land, buildings	24301 Walden Ce Bonita Springs ME [Major customers, clients, E OF MAJOR SOURCES E BUSINESS' INCOME	nter FL 34134 and other sources of income ADDRESS OF SOURCE	to businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE FILING INSTRUCTIONS for when and where to file this form are locat-
NAME OF SOURCE OF INCOME WCI Communities, Inc. PART B SECONDARY SOURCES OF INCO NAME OF NAM BUSINESS ENTITY OF	24301 Walden Ce Bonita Springs ME [Major customers, clients, E OF MAJOR SOURCES E BUSINESS' INCOME	nter FL 34134 and other sources of income ADDRESS OF SOURCE	to businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.
NAME OF SOURCE OF INCOME WCI Communities, Inc. PART B SECONDARY SOURCES OF INCO NAME OF NAM BUSINESS ENTITY OF N/A PART C REAL PROPERTY [Land, buildings	24301 Walden Ce Bonita Springs ME [Major customers, clients, E OF MAJOR SOURCES E BUSINESS' INCOME	nter FL 34134 and other sources of income ADDRESS OF SOURCE	to businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. INSTRUCTIONS on who must file
NAME OF SOURCE OF INCOME WCI Communities, Inc. PART B SECONDARY SOURCES OF INCO NAME OF NAM BUSINESS ENTITY OF N/A PART C REAL PROPERTY [Land, buildings	24301 Walden Ce Bonita Springs ME [Major customers, clients, E OF MAJOR SOURCES E BUSINESS' INCOME	nter FL 34134 and other sources of income ADDRESS OF SOURCE	to businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE 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
NAME OF SOURCE OF INCOME WCI Communities, Inc. PART B SECONDARY SOURCES OF INCO NAME OF NAM BUSINESS ENTITY OF N/A PART C REAL PROPERTY [Land, buildings	24301 Walden Ce Bonita Springs ME [Major customers, clients, E OF MAJOR SOURCES E BUSINESS' INCOME	nter FL 34134 and other sources of income ADDRESS OF SOURCE	to businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. INSTRUCTIONS on who must file
NAME OF SOURCE OF INCOME WCI Communities, Inc. PART B SECONDARY SOURCES OF INCO NAME OF NAM BUSINESS ENTITY OF N/A PART C REAL PROPERTY [Land, buildings	24301 Walden Ce Bonita Springs ME [Major customers, clients, E OF MAJOR SOURCES E BUSINESS' INCOME	nter FL 34134 and other sources of income ADDRESS OF SOURCE	to businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE 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

			·				
PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
checking IRA.	Roth IRA	Wachovia					
401(k)		Prudential					
stock		Gilbert Construction					
STATE OF THE STATE	Service of the servic						
PART E — CABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR					
CitiMortgage		P.O. Box 6006, The Lakes NV 88901-6006					
GMAC Mortgage Corp.		PO. Box 4622 Water 00, IA 50704-4622					
Countquite		P.O. Box 660694, Dallas, TX 75266-0694					
Specialized Loan Servicing		8742 Lucent Blud., Ste. 300, Highlands Ranch, CO					
·				80129			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]							
	BUSINESS EN	ITITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	NIA						
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): 4/20/07

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.

FILING INSTRUCTIONS:

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.

CE FORM 1 - Eff. 1/2007 PAGE 2

PART E – LIABILITIES (continued)

Wells Fargo Home Mortgage, P.O. Box 660278, Dallas, TX 75266-0278

State Farm Bank, P.O. Box 5691, Madison, WI 53705-0961

Aurora Loan Services, 10350 Park Meadows Dr., Littleton, CO 80124

SHARON L. HARRINGTON SUPERVISOR OF ELECTIONS LEE COUNTY - FLORIDA



PHYSICAL ADDRESS

LEE COUNTY CONSTITUTIONAL
COMPLEX
P O BOX 2545
2480 THOMPSON STREET 3RD FLOOR
FORT MYERS FL 33901

MAIN OFFICE
239 LEE VOTE
239-533-8683

MAILING ADDRESS
please send all correspondence to this address
FORT MYERS FL 33902-2545

FORT MYERS FL 33902-2545

FAX
239-533-6310
WEBSITE www.leeelections.com

111410707

TO:

Departing Local Officer

Bernie Feliciano, Qualifying Officer

FROM: DATE:

March 7, 2007

SUBJECT:

Form 1 Statement of Financial Interests for Year Ending 12-31-2006

We are in receipt of your **FORM 1F-FINAL** Statement of Financial Interests for 2007 that covers a portion of your service as a local officer for the year 2007. According to the FORM 1F FINAL Statement of Financial Interest you submitted, the last date you held public office or employment was 02-23-07.

Enclosed is a standard Form 1, Statement of Financial Interests for 2006, to complete and return in order to <u>satisfy your obligation to file financial</u> disclosure for the <u>year 2006</u> (year ending 12-31-2006).

Persons serving as of December 31, 2006 (along with those officials elected in 2006 whose terms began in 2007) are STILL required to file in 2007 for the year ending 12-31-2006. **Even if you left the your position in 2007**, you are required to file financial disclosure **for 2006** on the enclosed form.

WHEN TO FILE: Within 60 Days of Leaving Office or Employment

WHERE TO FILE:

Please return the completed <u>ORIGINAL</u> form, including signature and date

WEBB, JOSEPH MARK

ESTERO FL 33928

20298 TORRE DEL LAGO ST

in the enclosed postage-paid return envelope to:

LEE COUNTY ELECTIONS OFFICE

P O BOX 2545, FORT MYERS FL 33902-2545

THE ROLE OF THE SUPERVISOR OF ELECTIONS IS TO RECEIVE AND MAINTAIN

THE FINANCIAL DISCLOSURE FORM AS PUBLIC RECORD

Please do not file the form with the Florida Commission on Ethics in Tallahassee

QUESTIONS?:

<u>HOW DO I COMPLETE THE FORM?</u> Instructions for completing this form are included in this mailing. Any questions regarding the instructions or the form should be directed to the office of the <u>Florida Commission on Ethics at 1-850-488-7864</u>.

Thank you for your cooperation and prompt attention to this matter.

Enclosures: Form 1 Statement of Financial Interests/Postage Paid Return Envelope