

SHARON L. HARRINGTON SUPERVISOR OF ELECTIONS LEE COUNTY - FLORIDA FACSIMILE COVER

2

NUMBER OF PAGES INCLUDING COVER SHEET:

DATE	10-20-2006	
ATTENTION	Connie Evans	Cer Ba
COMPANY	Commission on Ethics	Ker A
TELEPHONE#	850-488- 7864	re j
FACSIMILE #	850-488-9657	Y

FROM	BERNIE FELICIANO
	QUALIFYING OFFICER
DIRECT#	239-533-6304
MAIN#	239-LEE VOTE OR 239-533-8683
FACSIMILE#	239-533-6310
EMAIL	bfeliciano@leeelections.com

COMMENT(S):	
	Re: Ronald Zul Certified Return Receipt
	Certified Return Receipt

	PS Form 3811, March 2001			2595-01-M-1
L	2. Article Number (Transfer from service label)	7004 1	L350 0000 9147 4296	
			4. Restricted Delivery? (Extra Fee)] Yes
	Zul Ronald Vice Chairman Arborwood Community Develo #2 Worthington of Renaissance 9240 Marketplace Rd Fort Myers FL 33912	opment Dis	3. Service Type Certified Mail Express Mail Registered Return Receipt for Insured Mail C.O.D.	Merchandis
	67952-46	ىرىنى ب ەر ب ەر بەر بەر مەر يۇرىيە دەر بەر	If YES, enter delivery address below:] No
,	 Complete market 1, 2, and 3 million complete market of Delivery in desire of the market of Delivery in desire of the so that we can return the card to you Attach this card to the back of the mor on the front if space permits. Article Addressed to: 	d. reverse u.	C. Signifiere	e of Delive Agent Address Yes
	SENDER: COMPLETE THIS SECTIO	N	COMPLETE THIS SECTION ON DELIVERY	

Sender please print your names address, and ZIP+4 in this box
JUL 2 7 2005 SUPERVISOR ELECTIONS SUPERVISOR OF ELECTIONS P O BOX 2545 FORT MYERS FL 33902-2545

1.4**

3

9/20/06 Ms Shannan Havenington Superiors of Elections here County Dear As Haverington, Please except this last and final Encial statement of intrests for my tender as Superevisor of the Rendissance Community Development District. I would like you to know at the Request of Ele Jehn Garager of this District I submitted A second Resignation 18H-2 in keg. 06-Please Know I Councilly Resigned both Arbonist and Rendissance CDD last your Nov-2005 some how they miss placed my Red-CDD Resignation IFI in taken in any other required information please contact me directly. it 7438 Williams De. Ft Myuns Fl. 33908 (239-482-1462)

Ronal

9/20/06

06555727m1214 50E Lee Co F

Renaissance Community Development District

Severn Trent Services • Management Services Division 210 N. University Dr. Suite 800 • Coral Springs, Florida 33071 Telephone: (954) 753-5841 • Fax: (954) 753-0623

September 13, 2006

Mr. Ronal Zul Worthington of Renaissance 9240 Marketplace Road #2 Fort Myers, FL 33912

RE: Final Disclosure of Financial Interest Form

Dear Mr. Zul:

At the August 30, 2006 meeting of the Renaissance CDD Board of Supervisors, your letter of resignation was accepted by the Board. As your last official act as a Supervisor, I am enclosing a Form 1F, Final Statement of Financial Interest, that must be filed with the Supervisor of Elections in the County in which you reside no later than 60 days of your leaving office.

This requirement is a result of the last session of the Florida Legislature of 2000 changing the Florida law regarding the filing of financial disclosure documents for elected officials leaving office effective June 7, 2000. All persons required to file a Full and Public Disclosure Interests must also file a Final Disclosure of Financial Interests within 60 days of leaving their office or position. This Final Disclosure must cover the period between January 1 and the date of your leaving office.

If there is anything I can do for you or any information I can provide, please contact me.

Sincerely,

Barb Baker District Recording Secretary 954-753-5841 ext 3050 bbaker@severntrentms.com

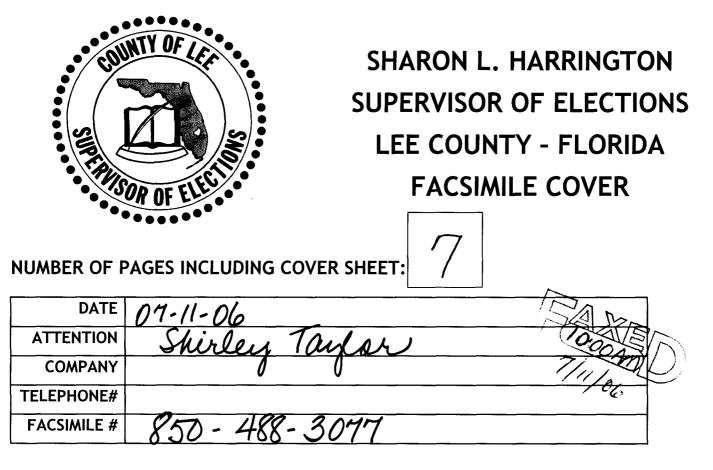
Encl.

					ina Fl
FORM 1 F		FINAL STAT	FEMENT OF		2006
,]	FINANCIAL	INTERESTS	•	
(TO BE FILED	WITHIN	60 DAYS OF LEAV	ING PUBLIC OFFIC	CE OR	EMPLOYMENT)
LAST NAME - FIRST NAME -		E:	NAME OF REPORTING PE	RSON'S /	AGENCY:
<u>k</u>	OMA	12		Δ	
MAILING ADDRESS: 7438 W	Pillon	is Dr	CHECK ONE OF THE FO		(see "Who Must File" on page 3):
			LOCAL OFFIC		STATE OFFICER
CITY: ZI	P:	COUNTY:	LIST OFFICE OR POSITIC	N HELD:	
I-F M	10125	1-1. 33908 Lei			O_{-}
	BO	TH PARTS OF THIS SEC	TION MUST BE COMPLET	ED	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS M	Y FINANCIAL	INTERESTS FOR THE PERIO	DD BETWEEN JANUARY 1, 2	006 AND T	HE LAST LATE I HELD THE PUBLIC
OFFICE OR EMPLOYMENT DES		_	30/06	, 20	06. (Date must be prior to 12/31/06)
	ERS THE OPT	ION OF USING REPORTING			OLLAR VALUES, WHICH REQUIRES
further details). PLEASE STATE			FLECTS EITHER (check one):		NTAGE VALUES (see instructions for
COMPARATIVE (P	ERCENTAGE) THRESHOLDS		LAR VALI	JE THRESHOLDS
PART A PRIMARY SOURC	ES OF INCO				
NAME OF SOURCE OF INCOME	·	SOUR ADDR			RIPTION OF THE SOURCE'S CIPAL BUSINESS ACTIVITY
Worthi- yten Hold	Vings	3240 Mari	(c] []. Vol.	KiA	1 Cstate Sales
0		11 Myons	1-1.33512		
			<u> </u>		
					(**
				ome to bu	sinesses owned by reporting person]
NAME OF BUSINESS ENTITY		E OF MAJOR SOURCES BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS
NA					i j jar
			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
PART C REAL PROPERTY	[Land, buildir	ngs owned by the reporting pe	rsonl	FILIN	G INSTRUCTIONS for when
7.177 11/1.10 1	De Et		3508 (Housi)	and w	here to file this form are locat- the bottom of page 2.
6194 Nichell	\cdot μ	Ft Myy & FI	33919 # DI Cond		RUCTIONS on who must file
6184 Michelle	Wi	FLMy re FI	33519 #166 (Conda	this fo	orm and how to fill it out begin ge 3 of this packet.
					ER FORMS you may need to
				file ar	e described on page 6.

CE FORM 1 F - Eff. 1/2006

PART D - INTANGIBLE PERSONAL PROF TYPE OF INTANGIBLE	PERTY [Stocks, bonds,	certificates of deposit, etc.} BUSINESS ENTITY TO WH	HCH THE F	PROPERTY RELATES
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS	OF CRED	ITOR
PART F — INTERESTS IN SPECIFIED BUS BUSINE ADDRESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS	SINESSES (Ownership SS, ENTITY # 1 D A	o or positions in certain types of BUSINESS ENTITY #		s] BUSINESS ENTITY # 3
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	FARECONTINUE	D ON A SEPARATE SHE	EET, PLE	ASE CHECK HERE
SIGNATURE:		DATE S	SIGNED:	9/20/06
	FILING INS	STRUCTIONS:		
 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 	Elections of the con nently reside. (If you in Florida, file with th where your agency h State officers o ees: file with the C Drawer 15709, Tall physical address: 360 Sutie 201, Tallahasse To determine with	file with the Supervisor of unty in which you perma- ido not permanently reside ne Supervisor of the county as its headquarters.) or specified state employ- ommission on Ethics, P.O. ahassee, FL 32317-5709; 00 Maclay Boulevard, South,	during t have file this is n though t of your	the first half of 2006, you may not ed Form 1 for 2005. In that case, not the last form you will file, even the Form 1F covers the final portion term of office or employment. You required to file Form 1 for 2005 by f 2006.

6.



FROM	BERNIE FELICIANO	
	QUALIFYING OFFICER	
DIRECT#	239-533-6304	
MAIN#	239-LEE VOTE OR 239-533-8683	
FACSIMILE#	239-533-6310	
EMAIL	bfeliciano@leeelections.com	

COMMENT(S): Re: Ronald Zul form I form It Letter re: Form IF; Form

۶					FINI
FORM 1 F		FINAL STAT	FEMENT OF	R	EPOL 2005
	•	FINANCIAL	INTERESTS		ORT
(TO BE FILED W	/ITHIN	60 DAYS OF LEAV	ING PUBLIC OFFIC	CE OR	EMPLOYMENT)
LAST NAME - FIRST NAME - MID Zeel Roma MAILING ADDRESS: 92 - 10 Mark (c + 1 FH Mynes 33 CITY: ZIP:	-ICP Place	E: <u>Ril</u> <u>Le'e</u> COUNTY:	NAME OF REPORTING PE AR borkwood CHECK ONE OF THE FOL LOCAL OFFICE SPECIFIED S LIST OFFICE OR POSITION VICE Chaire	LOWING ER D TATE EMI	(see "Who Must File" on page 3): STATE OFFICER COYEE Sup re Si's of
OFFICE OR EMPLOYMENT DESCR MANNER OF CALCULATING RI THE LEGISLATURE ALLOWS FILERS	INANCIAL IBED ABO EPORTAL S THE OPT G COMPA OW WHE	INTERESTS FOR THE PERIO VE, WHICH DATE WAS BLE INTERESTS: NON OF USING REPORTING RATIVE THRESHOLDS, WHI THER THIS STATEMENT REF	THRESHOLDS THAT ARE ABS CH ARE USUALLY BASED O LECTS EITHER (check one):	005 AND 1 , 20 SOLUTE [N PERCE	THE LAST DATE I HELD THE PUBLIC 005. (Date must be prior to 12/31/05) DOLLAR VALUES, WHICH REQUIRES INTAGE VALUES (see instructions for JE THRESHOLDS
PART A PRIMARY SOURCES	OF INCO	OME [Major sources of incom	e to the reporting person]		
NAME OF SOURCE OF INCOME Worthing In Hulding	LLC	92-10 Mark. Fflyns F			RIPTION OF THE SOURCE'S ICIPAL BUSINESS ACTIVITY
PART B SECONDARY SOUR(NAME OF BUSINESS ENTITY	NAM	NCOME [Major customers, cl E OF MAJOR SOURCES ⁻ BUSINESS' INCOME	ients, and other sources of inc ADDRESS OF SOURCE	ome to bu	sinesses owned by reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C REAL PROPERTY [L	and, buildi	SNOIL STEELIONS		and w ed at INST this fo	IG INSTRUCTIONS for when here to file this form are locat- the bottom of page 2. RUCTIONS on who must file orm and how to fill it out begin ge 3 of this packet.
	6カ:// 30 3095/A8Jans 10 30 3095/A8Jans INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet. 03A13338 OTHER FORMS you may need to file are described on page 6.				

*1

.

PART D — INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc.) TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS	S OF CREDITOR	
			• • • • • • • • • • • • • • • • • • •	
PART F INTERESTS IN SPECIFIED E		his or positions in certain types of	f huningsegg]	
	INESS ENTITY # 1	BUSINESS ENTITY #	-	
NAME OF _BUSINESS ENTITY				
ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS				
POSITION HELD WITH ENTITY				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				
NATURE OF MY OWNERSHIP INTEREST				
	SH F ARE CONTINU	ED ON A SEPARATE SHE	EET, PLEASE CHECK HERE	
SIGNATURE: Ru Zoo	\mathcal{O}	DATES	SIGNED:	
	FILING IN	STRUCTIONS:		
WHAT TO FILE: After completing all parts of this form of pages 1 and 2, including signing and dating if send back only the first sheet for filing (you nee not return any of the instruction pages).	it, Elections of the o d nently reside. (if y in Florida, file with	LE: s: file with the Supervisor of county in which you perma- ou do not permanently reside the Supervisor of the county y has its headquarters.)	NOTE: If you are leaving office or employment during the first half of 2005, you may not have filed Form 1 for 2004. In that case, this is not the last form you will file, even	
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	ees: file with the Drawer 15709, T	or specified state employ- Commission on Ethics, P.O. allahassee, FL 32317-5709; 3600 Maclay Boulevard, South, ssee, FL 32312.	though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2004 by July 1 of 2005.	
or employment, unless you take another posi- tion within the 60-day period that requires you to file financial disclosure on Form 1 or Form 6.		what category your position e "Who Must File" Instructions		

· **

FORM 1 F	FINAL STATEMENT OF TAL 2005				
		FINANCIAL	INTERESTS		PORT
(TO BE FILED W	ITHIN	1 60 DAYS OF LEAV	ING PUBLIC OFFIC	CE OR	EMPLOYMENT)
LAST NAME - FIRST NAME - MID	DLE NAM	E:	NAME OF REPORTING PE	RSON'S	AGENCY:
Zul Ronal	Zul Ronald Rivaisance Commun. 1. De. Pistre d				
MAILING ADDRESS: 92-10 Mark-t	Plan	ev Rel	CHECK ONE OF THE FOL	LOWING	(see "Who Must File" on page 3):
FF Mymes	130	712 Lee	LOCAL OFFIC		
CITY: ZIP:		COUNTY:	LIST OFFICE OR POSITION HELD: <u>5'aprecisison</u>		
DISCLOSURE PERIOD:	***B0	TH PARTS OF THIS SEC	TION MUST BE COMPLET	'ED***	
THIS STATEMENT REFLECTS MY F					HE LAST DATE I HELD THE PUBLIC 05. (Date must be prior to 12/31/05)
MANNER OF CALCULATING RI	EPORTAI	BLE INTERESTS:	· · · · · · · · ·		
	G COMPA	RATIVE THRESHOLDS, WHI	CH ARE USUALLY BASED O		OOLLAR VALUES, WHICH REQUIRES NTAGE VALUES (see instructions for
			—	LAR VALU	JE THRESHOLDS
PART A PRIMARY SOURCES		ME IMajor sources of incom	e to the reporting person!		
NAME OF SOURCE OF INCOME		SOUR SOUR	CE'S		RIPTION OF THE SOURCE'S CIPAL BUSINESS ACTIVITY
	e L LC		EFPI. R	R	al cStata Salas
		Ff Myns	F1. 33912		
· · · · · · · · · · · · · · · · · · ·			•		
PART B SECONDARY SOUR	CES OF I	NCOME [Major customers, c	lients, and other sources of inc	ome to bu	sinesses owned by reporting person]
NAME OF BUSINESS ENTITY		E OF MAJOR SOURCES	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
				······	
	Ø				
PART C REAL PROPERTY #	and, buildi	nas owned by the reporting pe	ersonl	FILIN	G INSTRUCTIONS for when
PART C REAL PROPERTY [L	SHO	UPERVISOR OF ELECT	S	and w	here to file this form are locat-
	- 64	5002 DEC -8 VWII:	~		RUCTIONS on who must file
				this fo	orm and how to fill it out begin ge 3 of this packet.
······································	6	BECEIVE	· · · · · · · · · · · · · · · · · · ·		
	- 1.				ER FORMS you may need to e described on page 6.

(h.

PART D — INTANGIBLE PERSONAL PROPE TYPE OF INTANGIBLE	ERTY [Stocks, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
······································	
PART E LIABILITIES [Major debts] NAME OF CREDITOR	ADDRESS OF CREDITOR
BUSINESS 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	NESSES [Ownership or positions in certain types of businesses] SENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 BUSINESS BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 BUSINESS BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 BUSINESS BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 BUSINESS BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 BUSINESS BUSINESS ENTITY # 3 BUSINESS ENTITY # 3 BUSINESS BUSINESS ENTITY # 3 BUSINESS ENTITY # 3 BUSINESS BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 BUSINESS BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 BUSINESS BUSINESS ENTITY # 3 BUSINESS ENTITY # 3 BUSINESS BUSINESS ENTITY # 3 BUSINESS ENTITY # 3 BUSINESS BUSINESS ENTITY # 3 BUSINESS ENTITY # 3 BUSINESS BUSINESS ENTITY # 3 BUSINESS ENTITY # 3 BUSINESS BUSINESS ENTITY # 3 BUSINESS ENTITY # 3 BUSINESS BUSINESS ENTITY # 3 BUSINESS ENTITY # 3 BUSINESS BUSINESS ENTITY # 3 BUSINESS ENTITY # 3 BUSINESS BUSINESS ENTITY # 3 BUSINESS ENTITY # 3
SIGNATURE: Len Zal	DATE SIGNED:
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). 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 posi- tion within the 60-day period that requires you to file financial disclosure on Form	STAING INSTRUCTIONS: DEVENTIONS OF INECTIONS: DEVENTION OF INECTIONS: Devention: Devetion: Deve

٤.

¥

SHARON L. HARRINGTON SUPERVISOR OF ELECTIONS LEE COUNTY - FLORIDA

PHYSICAL ADDRESS	MAILING ADDRESS		
	please send all correspondence to this address		
LEE COUNTY CONSTITUTIONAL COMPLEX 2480 THOMPSON STREET 3 RD FLOOR FORT MYERS FL 33901	P O BOX 2545 FORT MYERS FL 33902-2545		
MAIN OFFICE	FAX		
239-533-8683	239-533-6310		

TO: Departing Local Officer

ZUL, RONALD 7438 WILLEMS DR FORT MYERS FL 33908



- **FROM:** Bernie Feliciano, Qualifying Officer
- DATE: December 15, 2005

SUBJECT: Form 1 Statement of Financial Interests for <u>Year Ending 12-31-2004</u>

We are in receipt of your **FORM 1F-FINAL Statement of Financial Interests for 2005** that **covers a portion** of your service as a local officer for the year 2005. According to the FORM 1F FINAL Statement of Financial Interest you submitted, the last date you held **public office or employment** was **in the year 2005**.

Enclosed is a **standard Form 1**, **Statement of Financial Interests for 2004**, to complete and return in order to *satisfy your obligation to file* financial disclosure for the <u>year 2004 (year ending 12-31-2004)</u>.

Persons serving as of December 31, 2004 (along with those officials elected in 2004 whose terms began in 2005) are STILL required to file in 2005 for the year ending 12-31-2004. **Even if you left the your position in 2005**, you are required to file disclosure for 2004 on the enclosed form.

WHEN TO FILE: On or before December 31, 2005

<u>WHERE TO FILE</u>: Please return the completed <u>ORIGINAL</u> form, including signature and date 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 1

QUESTIONS?:

HOW DO I COMPLETE THE FORM? 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 2004 Postage Paid Return Envelope

			FINIS	
FORM 1 F	FINAL STATEMENT OF REPORT 2005 FINANCIAL INTERESTS			
	FINANCIAL	INTERESTS	, and	
(TO BE FILED W	VITHIN 60 DAYS OF LEAV		·	
LAST NAME - FIRST NAME - MID Zal Roma MAILING ADDRESS: 92 CIO Market J FA Marks 33 CITY: ZIP:	-ICP Place Rel	CHECK <u>ONE</u> OF THE FOL LOCAL OFFIC SPECIFIED S	Continuing ty D.O. Distant LOWING (see "Who Must File" on page 3): CER STATE OFFICER TATE EMPLOYEE ON HELD: <u>5:: predise</u>	
	BOTH PARTS OF THIS SEC		ED	
OFFICE OR EMPLOYMENT DESCRI MANNER OF CALCULATING RE THE LEGISLATURE ALLOWS FILERS FEWER CALCULATIONS, OR USING further details). PLEASE STATE BEL	IBED ABOVE, WHICH DATE WAS E PORTABLE INTERESTS: STHE OPTION OF USING REPORTING	THRESHOLDS THAT ARE ABU CH ARE USUALLY BASED O FLECTS EITHER (check one):	005 AND THE LAST DATE I HELD THE PUBLIC , 2005. (Date must be prior to 12/31/05) SOLUTE DOLLAR VALUES, WHICH REQUIRES N PERCENTAGE VALUES (see instructions for LAR VALUE THRESHOLDS	
	OF INCOME [Major sources of incom	to the reporting person		
NAME OF SOURCE OF INCOME	LLC 92-10 Minkk	CE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY Roal Catata Sales	
PART B SECONDARY SOURC NAME OF BUSINESS ENTITY	CES OF INCOME [Major customers, cl NAME OF MAJOR SOURCES OF BUSINESS' INCOME	lients, and other sources of inc ADDRESS OF SOURCE	ome to businesses owned by reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
PART C REAL PROPERTY [La	and, buildings owned by the reporting pe	00	FILING INSTRUCTIONS for when and where to file this form are locat- ed at the bottom of page 2.	
	67:11W 8- 03A130	JEC SOOZ	INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.	
		उध	OTHER FORMS you may need to file are described on page 6.	

-

٠

PART D — INTANGIBLE PERSONAL PRO TYPE OF INTANGIBLE	PERTY [Stocks, bonds,	, certificates of deposit, etc.] BUSINESS ENTITY TO WI	HICH THE PROPERTY RELATES
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS	S OF CREDITOR
		e stratig to a strategy and	
PART F INTERESTS IN SPECIFIED BUS		p or positions in certain types of BUSINESS ENTITY #	
NAME OF	ESS ENTITY # 1		2 BUSINESS ENTITY # 3
BUSINESS ENTITY			
BUSINESS ENTITY PRINCIPAL BUSINESS			
ACTIVITY POSITION HELD			
WITH ENTITY			
NATURE OF MY		1	
IF ANY OF PARTS A THROUGH	F ARE CONTINUE	D ON A SEPARATE SHE	EET, PLEASE CHECK HERE
SIGNATURE: Ren Zand	2	DATES	SIGNED:
	ETT INC IN	STRUCTIONS:	
	FILING IN	SINUCIIONS.	
·····			
WHAT TO FILE: After completing all parts of this form on		file with the Supervisor of	NOTE:
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).	Elections of the co nently reside. (If you in Florida, file with tl	ounty in which you perma- u do not permanently reside the Supervisor of the county has its headquarters.)	If you are leaving office or employment during the first half of 2005, you may not have filed Form 1 for 2004. In that case, this is not the last form you will file, even
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	ees: file with the C Drawer 15709, Tall	or specified state employ- Commission on Ethics, P.O. Ilahassee, FL 32317-5709; i00 Maclay Boulevard, South, ee, FL 32312.	though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2004 by July 1 of 2005.
or employment, unless you take another posi- tion within the 60-day period that requires you to file financial disclosure on Form 1 or Form		what category your position "Who Must File" Instructions	

6.

٠

•

FORM 1 F FINAL STATEMENT OF FINAL 2005					
FINANCIAL INTERESTS TOPORT					
(TO BE FILED V	VITHIN	60 DAYS OF LEAV	ING PUBLIC OFFIC	CE OR EMPLOYMENT)	
LAST NAME - FIRST NAME - MIDDLE NAME: NAME Zul Ronald		NAME OF REPORTING PE			
MAILING ADDRESS: 92-10 Mark. 1	1 Place	re Rel	CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3): ULCAL OFFICER STATE OFFICER SPECIFIED STATE EMPLOYEE LIST OFFICE OR POSITION HELD: <u>5 CAPUER</u>		
F-f Myons	~	112 Lev			
CITY: 'ZIP:		COUNTY:	SECRITARY		
	BO	TH PARTS OF THIS SEC	TION MUST BE COMPLET	'ED	
				005 AND THE LAST DATE I HELD THE PUBLIC	
	S THE OPT	ION OF USING REPORTING RATIVE THRESHOLDS, WHI	CH ARE USUALLY BASED O	SOLUTE DOLLAR VALUES, WHICH REQUIRES N PERCENTAGE VALUES (see instructions for	
	CENTAGE)) THRESHOLDS		LAR VALUE THRESHOLDS	
NAME OF SOURCE OF INCOME					
Wathington Holdings LLC 9240 Mincket Pl. Rel Ft. Muses Fl. 33912			F1. 33812	Kent (State Sales	
		<i>r</i>			
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting personal provided in the sources of income to businesses owned by reporting personal provided in the sources of income to businesses owned by reporting personal provided in the sources of income to businesses owned by reporting personal provided in the sources of income to businesses owned by reporting personal provided in the sources of income to businesses owned by reporting personal provided in the sources of income to businesses owned by reporting personal provided in the sources of income to businesses owned by reporting personal provided in the sources of the sources of the sources of the sources of the source					
		·····			
	<u> </u>				
				FILING INSTRUCTIONS for when and where to file this form are locat- ed 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.				on page 3 of this packet.	
OTHER FORMS you may need to file are described on page 6.					

•

٠

PART D — INTANGIBLE PERSONAL PROP	ERTY [Stocks, bonds,		HICH THE PROPERTY RELATES
		<u></u>	
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS	S OF CREDITOR
PART F — INTERESTS IN SPECIFIED BUSI	INESSES [Ownership SS ENTITY # 1	p or positions in certain types of BUSINESS ENTITY # 3	
NAME OF	SENTITY ,		
BUSINESS ENTITY	1	t	
BUSINESS ENTITY PRINCIPAL BUSINESS			
ACTIVITY POSITION HELD			
WITH ENTITY I OWN MORE THAN A 5%			
INTEREST IN THE BUSINESS		<u> </u>	
IF ANY OF PARTS A THROUGH F	ARE CONTINUE	D ON A SEPARATE SHE	ET, PLEASE CHECK HERE
SIGNATURE: Real Tech		DATE S	SIGNED:
	FILING INS	STRUCTIONS:	
 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). 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 	Elections of the councently reside. (If you in Florida, file with the where your agency has State officers of ees: file with the Councent Drawer 15709, Talla physical address: 360 Sutie 201, Tallahasse To determine who	file with the Supervisor of bunty in which you perma- u do not permanently reside he Supervisor of the county has its headquarters.) or specified state employ- Commission on Ethics, P.O. Itahassee, FL 32317-5709; 00 Maclay Boulevard, South,	NOTE: If you are leaving office or employment during the first half of 2005, you may not have filed Form 1 for 2004. 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 2004 by July 1 of 2005.

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

on page 3.

6.

to file financial disclosure on Form 1 or Form

.

Form 1F-Year Ending 2004-Standard

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

PHYSICAL ADDRESS	MAILING ADDRESS please send all correspondence to this address P O BOX 2545 FORT MYERS FL 33902-2545	
LEE COUNTY CONSTITUTIONAL COMPLEX 2480 THOMPSON STREET 3 RD FLOOR FORT MYERS FL 33901		
MAIN OFFICE 239-533-8683	FAX 239-533-6310	
: Departing Local Officer	ZUL, RONALD 7438 WILLEMS DR FORT MYERS FL 33908	82-003867
OM: Bernie Feliciano, Qualifying Officer		

- TO: Departing Local Officer
- FROM: Bernie Feliciano, Qualifying Officer
- DATE: December 15, 2005

SUBJECT: Form 1 Statement of Financial Interests for Year Ending 12-31-2004

We are in receipt of your FORM 1F-FINAL statement of Financial Interests for 2005 that covers a portion of your service as a local officer for the year 2005. According to the FORM 1F FINAL Statement of Financial Interest you submitted, the last date you held **public office or employment** was in the year 2005.

Enclosed is a standard Form 1, Statement of Financial Interests for 2004, to complete and return in order to satisfy your obligation to file financial disclosure for the year 2004 (year ending 12-31-2004).

Persons serving as of December 31, 2004 (along with those officials elected in 2004 whose terms began in 2005) are STILL required to file in 2005 for the year ending 12-31-2004. Even if you left the your position in 2005, you are required to file disclosure for 2004 on the enclosed form.

On or before December 31, 2005 WHEN TO FILE:

WHERE TO FILE: Please return the completed ORIGINAL form, including signature and date 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

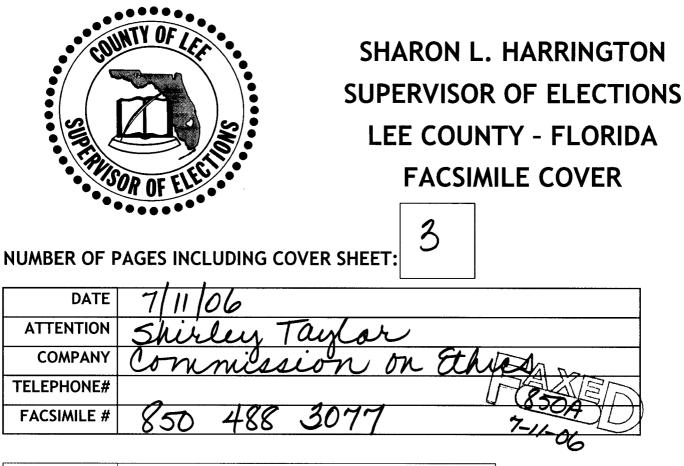
QUESTIONS?:

HOW DO I COMPLETE THE FORM? 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 2004 Postage Paid Return Envelope Voter Certnum: 82003867 Name: ZUL, RONALD Birth Date: 07/10/1962 Registered Date: 04/12/1982

) **K_**



FROM	BERNIE FELICIANO		
	QUALIFYING OFFICER		
DIRECT#	239-533-6304		
MAIN#	239-LEE VOTE OR 239-533-8683		
FACSIMILE#	239-533-6310		
EMAIL	bfeliciano@leeelections.com		

COMMENT(S): onald Zul De 1100] 0 A

FORM 1	STATEMENT OF	2004			
Please print or type your name, mailing address, agency name, and position below	FINANCIAL INTERESTS	5			
LAST NAME FIRST NAME MIDDLE MAILII ZUL, RONALD 7438 WILLEMS DR FORT MYERS FL 3390 CITY : NAME OF AGENCY : NAME OF OFFICE OR POSITION HELD CHECK ONLY IF CANDIDATE	82-003867 USE C	ID Code SUR OF RECEIVE			
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, 2004 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					
	COME [Major sources of income to the reporting person] SOURCE'S ADDRESS LC 9240 March(et 11. Rd FF Myores F(. 337/2	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY Bron Estate Dassagement			
PART B SECONDARY SOURCES OF NAME OF BUSINESS ENTITY	INCOME [Major customers, clients, and other sources of income to NAME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURCE	o businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
PART C REAL PROPERTY [Land, bu	ildings owned by the reporting person]	FILING INSTRUCTIONS for when and where to file this form are locat- ed 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 PERSON TYPE OF INTANGIE		ks, bonds, certific	ates of deposit, etc.] BUSINESS ENTITY TO WHICH TH	E PROPERTY RELATES
· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
<u> </u>				
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
	·			
	~·····································			
PART E - LIABILITIES [Major de NAME OF CREDI	ebts] FOR		ADDRESS OF CF	REDITOR
		· · · · · · · · · · · · · · · · · · ·		
PART F — INTERESTS IN SPECIF	IED BUSINESSES [O	wnership or positi	ons in certain types of businesses]	
1	BUSINESS ENTI	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 ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
SIGNATURE (required):	h	2	DATE SIGNED	(required): 12/17/05-
	FII	LING IN	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.

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.