

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

NUMBER OF PAGES INCLUDING COVER SHEET:

2

DATE	10-20-2006
ATTENTION	Connie Evans
COMPANY	Commission on Ethics
TELEPHONE#	850-488-7864
FACSIMILE #	850-488-9657

10/20/06 1:50 PM

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 Zue
Certified Return Receipt

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

67952-46
 Zul, Ronald
 Vice Chairman
 Arborwood Community Development District
 #2
 Worthington of Renaissance
 9240 Marketplace Rd
 Fort Myers FL 33912

2. Article Number

(Transfer from service label)

7004 1350 0000 9147 4296

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

D. Is delivery address different from item 1?

If YES, enter delivery address below:

- ☐ Agent
☐ Address
☐ Yes
☐ No

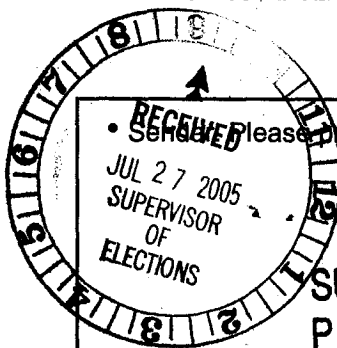
3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE



First Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

• **RECEIVED** Please print your name, address, and ZIP+4 in this box •

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

33902+2545



9/20/06

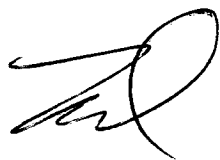
Ms Shannon Haverington
Supervisor of Elections Lee County

Dear Ms Haverington,

Please except this last and final
financial statement of interests for
my tenure as Supervisor of the Renaissance
Community Development District.

I would like you to know at the request of
Mr John ~~Gagey~~ of this District I submitted
A second Resignation letter in Aug. 06 -

Please know I formally resigned both Lebonard
and Renaissance CDD last year Nov-2005
some how they miss placed my Res-CDD Resignation
If I am tardy in any other required information
please contact me directly. at 7438 Williams Dr.
Ft Myers FL 33908 (239-482-1462)

Ran 

9/20/06

06SEP22PM1214 SDELE@COFL

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

copy

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.

06SEP22PM 12:14 90E L ee Co FI

FORM 1 F

FINAL STATEMENT OF FINANCIAL INTERESTS

2006

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

LAST NAME — FIRST NAME — MIDDLE NAME:

Zul Ronald

MAILING ADDRESS:

7438 Willams Dr

CITY:

Ft

ZIP:

Myers FL 33908

COUNTY:

NAME OF REPORTING PERSON'S AGENCY:

CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):

- ☒ LOCAL OFFICER ☐ STATE OFFICER
☐ SPECIFIED STATE EMPLOYEE

LIST OFFICE OR POSITION HELD:

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 8/30/06, 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
Woodhington Holdings	9240 Market Pl. Rd. Ft Myers FL 33912	Real Estate Sales

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]

7438 Willams Dr. Ft Myers FL 33908 (House)
6184 Michelle Wy Ft Myers FL 33919 #101 (Condo)
6184 Michelle Wy Ft Myers FL 33919 #106 (Condo)

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

ADDRESS OF CREDITOR

N/A

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			
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:

9/20/06

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:

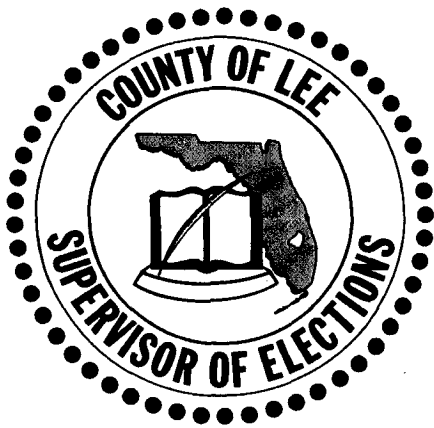
Local officers: file with the Supervisor of Elections of the county in which you permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

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.



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

NUMBER OF PAGES INCLUDING COVER SHEET:

7

DATE	07-11-06
ATTENTION	Shirley Taylor
COMPANY	
TELEPHONE#	
FACSIMILE #	850 - 488 - 3077

FAXED
10:00 AM
7/11/06

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 Zue

Form 1F

Letter re: Form 1F; Form 1

FORM 1 F

FINAL STATEMENT OF
FINANCIAL INTERESTSFINAL
REPORT 2005

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

LAST NAME — FIRST NAME — MIDDLE NAME:

Zal Ronald

MAILING ADDRESS:

9240 Market Place Rd

Ft Myers

33912

Lee

CITY:

ZIP:

COUNTY:

NAME OF REPORTING PERSON'S AGENCY:

Arborwood Community Dev. District

CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):

- ☒ LOCAL OFFICER ☐ STATE OFFICER
☐ SPECIFIED STATE EMPLOYEE

LIST OFFICE OR POSITION HELD: Supervisor/
Vice Chairman

BOTH PARTS OF THIS SECTION MUST BE COMPLETED

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2005 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS 10/31/05, 2005. (Date must be prior to 12/31/05)

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
Worthington Holding LLC	9240 Market Pl. Rd Ft Myers FL 33912	Real Estate Sales

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

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

RECEIVED
2005 DEC -8 AM 11:49
SUPERVISOR OF ELECTIONS

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

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

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 ENTITYADDRESS OF
BUSINESS ENTITYPRINCIPAL BUSINESS
ACTIVITYPOSITION HELD
WITH ENTITYI OWN MORE THAN A 5%
INTEREST IN THE BUSINESSNATURE OF MY
OWNERSHIP INTERESTIF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE:

DATE SIGNED:

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).

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 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.

FORM 1 F

FINAL STATEMENT OF
FINANCIAL INTERESTSFINAL
REPORT

2005

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

LAST NAME — FIRST NAME — MIDDLE NAME:

Zel Renard

MAILING ADDRESS:

9240 Market Place Rd

Ft Myers 33912 Lee

CITY:

ZIP:

COUNTY:

NAME OF REPORTING PERSON'S AGENCY:

Renaissance Community Dev. District

CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):

LOCAL OFFICER



STATE OFFICER



SPECIFIED STATE EMPLOYEE

LIST OFFICE OR POSITION HELD:

supervisor/
secretary

BOTH PARTS OF THIS SECTION MUST BE COMPLETED

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2005 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS Oct 31 2005, 2005. (Date must be prior to 12/31/05)

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 INCOMESOURCE'S
ADDRESSDESCRIPTION OF THE SOURCE'S
PRINCIPAL BUSINESS ACTIVITY

Washington Holdings LLC

9240 Market Pl. Rd
Ft Myers FL 33912

Real Estate sales

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person]

NAME OF
BUSINESS ENTITYNAME OF MAJOR SOURCES
OF BUSINESS' INCOMEADDRESS
OF SOURCEPRINCIPAL BUSINESS
ACTIVITY OF SOURCE

PART C -- REAL PROPERTY [Land, buildings 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 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

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

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 ENTITYADDRESS OF
BUSINESS ENTITYPRINCIPAL BUSINESS
ACTIVITYPOSITION HELD
WITH ENTITYI OWN MORE THAN A 5%
INTEREST IN THE BUSINESSNATURE OF MY
OWNERSHIP INTERESTIF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE:

DATE SIGNED:

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).

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 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.

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

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

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

ZUL, RONALD
7438 WILLEMS DR
FORT MYERS FL 33908

82-003867
COPY

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.

WHEN TO FILE: On or before December 31, 2005

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***

Page 2

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 Florida Commission on Ethics at 1-850-488-7864.**

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

Enclosures: Form 1 Statement of Financial Interests 2004
 Postage Paid Return Envelope

FORM 1 F

FINAL STATEMENT OF FINANCIAL INTERESTS

FINAL REPORT 2005

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

LAST NAME — FIRST NAME — MIDDLE NAME:

Zal Ronald

NAME OF REPORTING PERSON'S AGENCY:

Ardenwood Community Dev. District

MAILING ADDRESS:

9240 Market Place Rd

CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):

- ☒ LOCAL OFFICER ☐ STATE OFFICER
☐ SPECIFIED STATE EMPLOYEE

LIST OFFICE OR POSITION HELD:

Supervisor
Vice Chairman

CITY:

ZIP:

COUNTY:

Ft Myers 33912 Lee

BOTH PARTS OF THIS SECTION MUST BE COMPLETED

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2005 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS 10/31/05, 2005. (Date must be prior to 12/31/05)

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
Investing In Holding LLC	9240 Market Pl. Rd Ft Myers FL 33912	Real Estate Sales

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

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 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

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

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 ENTITYADDRESS OF
BUSINESS ENTITYPRINCIPAL BUSINESS
ACTIVITYPOSITION HELD
WITH ENTITYI OWN MORE THAN A 5%
INTEREST IN THE BUSINESSNATURE OF MY
OWNERSHIP INTERESTIF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE:

DATE SIGNED:

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).

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 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.

FORM 1 F

FINAL STATEMENT OF FINANCIAL INTERESTS

FINAL REPORT

2005

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

LAST NAME — FIRST NAME — MIDDLE NAME: <u>Zel Ronald</u>		NAME OF REPORTING PERSON'S AGENCY: <u>Renaissance Community Dev. District</u>
MAILING ADDRESS: <u>9240 Market Place Rd</u>		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
<u>Ft Myers FL 33912 Lee</u>		LIST OFFICE OR POSITION HELD: <u>supervisor</u> <u>secretary</u>
CITY:	ZIP:	COUNTY:

BOTH PARTS OF THIS SECTION MUST BE COMPLETED

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2005 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS Oct 31 2005, 2005. (Date must be prior to 12/31/05)

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
<u>Washington Holdings LLC</u>	<u>9240 Market Pl. Rd</u> <u>Ft Myers FL 33912</u>	<u>Real Estate Sales</u>

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

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 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

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

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 ENTITYADDRESS OF
BUSINESS ENTITYPRINCIPAL BUSINESS
ACTIVITYPOSITION HELD
WITH ENTITYI OWN MORE THAN A 5%
INTEREST IN THE BUSINESSNATURE OF MY
OWNERSHIP INTERESTIF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE:

DATE SIGNED:

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).

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 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.

**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 RD FLOOR FORT MYERS FL 33901	P O BOX 2545 FORT MYERS FL 33902-2545
MAIN OFFICE 239-533-8683	FAX 239-533-6310

82-003867
COPY

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

ZUL, RONALD
7438 WILLEMS DR
FORT MYERS FL 33908

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.

WHEN TO FILE: On or before December 31, 2005

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 Florida Commission on Ethics at 1-850-488-7864.**

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

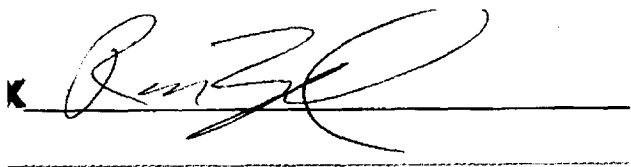
Enclosures: Form 1 Statement of Financial Interests 2004
 Postage Paid Return Envelope

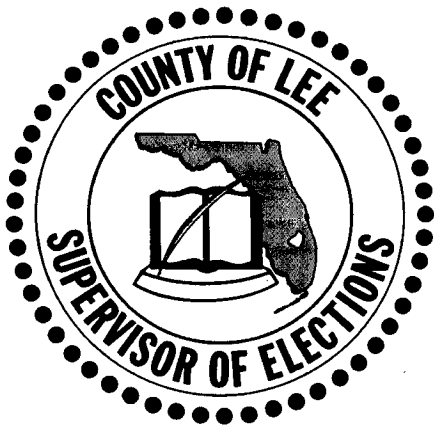
Voter Certnum: 82003867

Name: ZUL, RONALD

Birth Date: 07/10/1962

Registered Date: 04/12/1982

A handwritten signature, appearing to be "Ron Zul", is written in black ink over a horizontal line. The signature is stylized and cursive. Below the line, there is a dashed horizontal line.



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

NUMBER OF PAGES INCLUDING COVER SHEET:

3

DATE	7/11/06
ATTENTION	Shirley Taylor
COMPANY	Commission on Ethics
TELEPHONE#	
FACSIMILE #	850 488 3077

FAXED
850A
7-11-06

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):

Form 1 for Ronald Zul
as requested

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

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME :

82-003867

MAIL:

ZUL, RONALD
7438 WILLEMS DR
FORT MYERS FL 33908

CITY :

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

FOR OFFICE
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

RECEIVED
2005 DEC 20 PM 12:00
SUPERVISOR OF ELECTIONS

****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

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

Washington Holding LLC	9240 Market Pl. Rd Ft Myers FL 33912	Real Estate Development

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]

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

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

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 ENTITYADDRESS OF
BUSINESS ENTITYPRINCIPAL BUSINESS
ACTIVITYPOSITION HELD
WITH ENTITYI OWN MORE THAN A 5%
INTEREST IN THE BUSINESSNATURE OF MY
OWNERSHIP INTERESTIF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE (required):

DATE SIGNED (required):

12/17/05

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:

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.