

91781

FORM 1 F

FINAL STATEMENT OF FINANCIAL INTERESTS

2004

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

LAST NAME — FIRST NAME — MIDDLE NAME: PARE, MICHAEL ESKEN		NAME OF REPORTING PERSON'S AGENCY: VILLAGE COMMUNITY DEVELOPMENT DISTRICT # 5	
MAILING ADDRESS: 720 SE BROADWAY		CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3): <input type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER <input type="checkbox"/> SPECIFIED STATE EMPLOYEE	
CITY: OCALA	ZIP: 34471	LIST OFFICE OR POSITION HELD: BOARD OF SUPERVISORS	
COUNTY: MARION			

THIS SECTION MUST BE COMPLETED

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2004 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS NOVEMBER 19, 2004. (Date must be prior to 12/31/04)

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 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
MICHAEL PARE & ASSOC PA	235 SE 17 ST OCALA FL 34471	LAND PLANNING, L/S ARCH.

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
M. PARE & ASSOC	THE VILLAGES	1020 LK. SUMMIT LDK. THE VILLAGES 32162	LAND/HOME SALES
" " "	CITRUS HILLS	2476 N. ESSEX AVE HERNANDO, FL 34442	LAND/HOME SALES

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

HOME: **720 SE BROADWAY, OCALA**

OFFICE: **2351 SE 17 ST, OCALA**

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.

91781

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:
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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.

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 the year, you may not have filed Form 1 for the previous calendar year. 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 the previous calendar year by July 1 of this year.

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FORM 1 F

FINAL STATEMENT OF FINANCIAL INTERESTS

2004

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

LAST NAME — FIRST NAME — MIDDLE NAME: PAPE, MICHAEL ESKELU			NAME OF REPORTING PERSON'S AGENCY: VILLAGE COMMUNITY DEVELOPMENT DISTRICT # 5		
MAILING ADDRESS: 720 SE BROADWAY			CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3): <input type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER <input type="checkbox"/> SPECIFIED STATE EMPLOYEE		
CITY: OCALA	ZIP: 34471	COUNTY: MARION	LIST OFFICE OR POSITION HELD: BOARD OF SUPERVISORS		

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NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
MICHAEL PAPE & ASSOC. PA	2351 SE 17 ST OCALA FL 34471	LAND PLANNING, & ARCH. RECEIVE
		8 11 32 AM
		OFFICE OF ELECTRICITY DELIVERY & ENERGY RELIABILITY MARION COUNTY FLORIDA

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
M. PAPE & ASSOC	THE VILLAGES	1020 W. SUMNER DR. THE VILLAGES 32162	LAND/HOME SALES
" " "	CITRUS HILLS	2476 N. ESSEX AVE HERNANDO, FL 34442	LAND/HOME SALES

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

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OFFICE: 2351 SE 17 ST, OCALA

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NAME OF CREDITOR	ADDRESS OF CREDITOR
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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: 12/3/04

FILING INSTRUCTIONS:

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