

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

LAST NAME — FIRST NAME — MIDDLE NAME:

YONGE, CHIP #101512

NAME OF REPORTING PERSON'S AGENCY:

COLD SPRINGS IMPROVEMENT DIST

MAILING ADDRESS:

600 SE 48th AVE

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

- LOCAL OFFICER
- STATE OFFICER
- SPECIFIED STATE EMPLOYEE

CITY: ZIP: COUNTY:

OCALA FL 34471

LIST OFFICE OR POSITION HELD:

FORMERLY 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 APRIL 18, 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
YONGE REALTY	600 SE 48th AVE OCALA, FL	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]

600 SE 48th AVE OCALA, FL - RESIDENCE

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.

# 101512

**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
Countrywide Home Loans	400 Countrywide Way, Simi Valley, CA 93065

**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			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY	N/A	N/A	N/A
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: *[Signature]* DATE SIGNED: 7-18-05

**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.

FINAL STATEMENT OF FINANCIAL INTERESTS

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

LAST NAME — FIRST NAME — MIDDLE NAME:

NAME OF REPORTING PERSON'S AGENCY:

YONGE, CHIP #101512

COLD SPRINGS IMPROVEMENT DIST.

MAILING ADDRESS:

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

600 SE 48th AVE

- LOCAL OFFICER STATE OFFICER SPECIFIED STATE EMPLOYEE

CITY: ZIP: COUNTY:

LIST OFFICE OR POSITION HELD: FORMERLY

Ocala FL 34471

CHAIRMAN -

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PART A -- PRIMARY SOURCES OF INCOME

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Includes entry for YONGE REALTY.

PART B -- SECONDARY SOURCES OF INCOME

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Includes entry for N/A.

PART C -- REAL PROPERTY

Table with 1 column: REAL PROPERTY. Includes entry for 600 SE 48th AVE Ocala, FL - RESIDENCE.

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RECEIVED JUL 21 11 53 AM '05 SUPERVISOR OF ELECTIONS FLORIDA

# 101512

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ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY	N/A	N/A	N/A
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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DATE SIGNED: 7-18-05

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