

FINANCIAL INTERESTS

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

LAST NAME FIRST NAME MIDDLE NAME

MAILIN

CITY :

NAME (

NAME (

Arnon Joel
Public Works Director
City of Marco Island
1712 N Bahama Dr.
Marco Island, FL 34145

FOR OFFICE USE ONLY:

JUL 28 2010 PM 12:36

ID Code

ID No.

Conf. Code

P. Req. Code

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF [] CANDIDATE OR [] NEW EMPLOYEE OR APPOINTEE

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):

[X] DECEMBER 31, 2009 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):

[X] COMPARATIVE (PERCENTAGE) THRESHOLDS OR [] DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] (If you have nothing to report, you must write "none" or "n/a")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Row 1: city of Marco Island, 50 Bald Eagle DR MI 34145, Public Works Director

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row 1: Fieldstone Properties, Rent - monthly, 1712 N. Bahama, Rental property

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")

1712 N. Bahama Ave, 1240 Franchard Ave, 22
249 Bermuda, 1520 Sheffield, 2 lots
on Fieldstone, 4 lot's Lelyu Avenue

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.]
 (If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
STOCKS	First Allied Securities

PART E — LIABILITIES [Major debts]
 (If you have nothing to report, you must write "none" or "n/a")

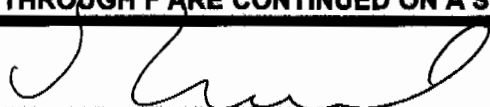
NAME OF CREDITOR	ADDRESS OF CREDITOR
Bank of America	320 Eagle Dr. M.I. FL

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]
 (If you have nothing to report, you must write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Fieldstone Papers		
ADDRESS OF BUSINESS ENTITY	1712 N. Bzhwz		
PRINCIPAL BUSINESS ACTIVITY	Rentz		
POSITION HELD WITH ENTITY	owner with wife		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes		
NATURE OF MY OWNERSHIP INTEREST	LLC		

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):



DATE SIGNED (required):

7-26-10

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.

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.

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.

To: Local Officers
 Date: July 29, 2010
 From: Darlene Lowe, Financial Disclos
 Subject: Notice of Delinquency

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

7105 4522 6440 6000 0440

Postage	\$	\$0.44	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (Endorsement Required)		\$2.30	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$5.54	

Sent To: **Arnon Joel**
City of Marco Island Public Works
 1712 N Bahama Dr
 Marco Island, FL 34145

PS Form 3800, August 2006 See Reverse for Instructions

Code2:

Records in this office indicate that you were advised of the July 1 deadline for filing Form 1 about May 31, 2010. As of this time, however, there is no record of your filing Form 1 with this office.

Please note that persons serving as of December 31, 2009 (along with officials elected in 2009 whose terms began in January of 2010) are required to file this year. **PLEASE NOTE THAT EVEN IF YOU LEFT THE POSITION NOTED ON THE MAILING LABEL DURING 2010, YOU ARE REQUIRED TO FILE DISCLOSURE FOR 2009 ON THIS FORM.**

Pursuant to State law, I am writing to notify you that although you are delinquent in filing Form 1, a grace period is in effect until September 1, 2010. If your Form 1 is not received by September 1, 2010, a fine of **\$25 for each day late will be imposed, up to a maximum penalty of \$1,500.** In addition, I will be required by law to notify the Commission on Ethics of the delinquency; and that, if upon the filing of a sworn complaint the commission finds that the person has failed to timely file the statement within 60 days after September 1 of the current year, such person will also be subject to the penalties provided in s. 112.317, Florida Statutes.

If you have misplaced the disclosure form, please contact this office at (239-252-8450) or you may download Form 1 from the Commission on Ethics website, www.ethics.state.fl.us. Should you have any questions concerning the completion of or your obligation to file a disclosure statement, you must contact the Commission on Ethics at (850) 488-7864, or by writing to Post Office Drawer 15709, Tallahassee, FL 32317-5709. However, please **DO NOT** file the Form 1 with the Commission on Ethics.

Thank you for your cooperation.

2. Article Number

7105 4522 6440 6000 0440

1. Article Addressed to:

Arnon Joel
City of Marco Island Public Works
1712 N Bahama Dr
Marco Island, FL 34145

A. Signature Agent
[Handwritten Signature] Addressee

B. Received by (Printed Name) C. Date of Delivery
7/22

D. Is delivery address different from item 1? Yes
If YES enter delivery address below. No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code2: