2023 Form 1 - Statement of Financial Interests

Filed with COE: 06/28/2024

General Information

Name: Joshua M Kalin

PID 261787

AGENCY INFORMATION

Organization	Suborganization	Title
Westview South Community Development District	Board of Supervisors	Chair

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2023 .

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over $2,500) (Major sources of income to the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity
Taylor Morrison of Florida, Inc.	4900 N Scottsdale Rd, Scottsdale, AZ	National Home Builder/Developer

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Secondary Sources of Income

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, write “none” or “n/a”)

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Location/Description
N/A

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over $10,000)
(If you have nothing to report, write “none” or “n/a”)

Type of Intangible	Business Entity to Which the Property Relates
401K Mutual Funds	Fidelity Investments

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Liabilities

LIABILITIES (Major debts valued over $10,000):
(If you have nothing to report, write “none” or “n/a”)

Name of Creditor	Address of Creditor
Mr. Cooper	PO Box 60516, City of Industry, CA 91716-0516
Addition Financial	PO Box 958423, Lake Mary, FL 32795
Capital One	PO Box 60519, City of Industry, CA 91716-0519
Coastal1 Credit Union	PO Box 842007, Boston, MA 02284-2007

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
(If you have nothing to report, write “none” or “n/a”)

Business Entity # 1
N/A

Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

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Signature of Filer

Joshua M Kalin

Digitally signed: **06/28/2024**

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