2024 Form 1 - Statement of Financial Interests

Filed with COE: 05/08/2025

General Information

Name: Mr Fred Burson

PID 270803

AGENCY INFORMATION

Organization	Suborganization	Title
City of Fort Myers	City Council	City Councilperson
S.W. Fla. Regional Planning Council	Council Members	Vice Chair

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2024.

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
Woodyard & Associates, LLC	12670 New Brittany Blvd. Suite 202, Fort Myers, FL 33907	Commercial Real Estate Broker

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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
Trophy Club Realty LLC	Woodyard & Associates LLC	12670 New Brittany Blvd., Suite 202, Fort Myers, FL 33907	Rental Income

Real Property

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

Location/Description
7047 W SR 80, LaBelle, FL 33935 4.86 vacant acreage Hendry County tax ID 1 28 43 30 A00 0005.0400
State Road 78 Lakeport, FL 1.79 vacant acreage Glades County tax ID A234032A00005C0000

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
401B Mission Square	Retirement Savings
State of Florida Retirement	Retirement Income
Social Security	Retirement Income

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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
N/A	

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

This section applies only to an appointed school superintendent, an elected municipal officer, elected local officer of an independent special district or a commissioner of a community redevelopment agency created under Part III, Chapter 163, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

☑ I certify that I have completed the required training under Section 112.3142, F.S.

☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

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Signature of Filer

Fred Burson

Digitally signed: **05/08/2025**

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