2024 Form 1 - Statement of Financial Interests

Filed with COE: 05/20/2025

General Information

Name: Ms Deborah Anne Henry

PID 311114

AGENCY INFORMATION

Organization	Suborganization	Title
Marco Island	City Council	Councilor

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
Rental Property	3820 Sawgrass Way Suite 3026 Naples, FL 34112	annual rental
Rental Property	2229 San Marco Road Unit 5-201 Marco Island, FL 34145	annual rental
Rental Property	1008 Manatee Road Unit G101 Naples, FL 34114	annual rental
Rental Property	1532 Mainsail Dr Unit 4 Naples, FL 34114	annual rental
Rental Property	1015 Mainsail Dr Unit 115 Naples, FL 34114	annual rental

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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
2229 San Marco Road unit 5-201 Marco Island, FL 34145
3820 Sawgrass Way Suite 3026 Naples, FL 34112
1008 Manatee Road Unit G101 Naples, FL Naples 34114
1532 Mainsail Dr Unit 4 Naples, Fl 34114
1015 Mainsail Dr Unit 115 Naples, Fl 34114

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
Stock Portfolio	Deborah Henry
Savings	Deborah Henry

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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

Deborah Anne Henry

Digitally signed: **05/20/2025**

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