2024 Form 1 - Statement of Financial Interests

Filed with COE: 05/29/2025

General Information

Name: Ms Nell Barbara Frewin-Hays

PID 300017

AGENCY INFORMATION

Organization	Suborganization	Title
Lake Placid	Community Redevelopment Agency	Council Member
Lake Placid	Mayor And Town Council	Council Member

CANDIDATE FOR

Position	Agency Name	Position sought or held
City, Town or Village (Commission or Council), Governing Board - Form 1 (Effective 6/10/2024)	Lake Placid Town Council	Councilperson

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
Golf Hammock Country Club	2222 Golf Hammock Dr., Sebring, FL 33872	Golf professional
Nell Frewin-Hays	505 Lake Blue Dr., Lake Placid, FL 33852	Teaching golf professional

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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
501 Lake Blue Dr., Lake Placid, FL 33852 / undeveloped lot

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
Common Stock	Heartland National Bank
FRS Retirement Fund	Florida State Retirement Fund
Brokerage Cash	Edward Jones Investments
Stocks	Edward Jones Brokerage Account
Savings Account	Keesler Federal Credit Union
Checking Account	Keesler Federal Credit Union
Checking Account	Heartland National Bank
Checking Account	Heartland National Bank
Checking Account	Heartland National Bank

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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
Truist Bank Mortgage	P.O. Box 85077, Richmond, VA 23285-5077

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

Nell Barbara Frewin-Hays

Digitally signed: **05/29/2025**

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