2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/13/2025

General Information

Name: Colleen Taylor

PID 40077

AGENCY INFORMATION

Organization	Suborganization	Title
Lake Mary	Mayor And City Commission	

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
Luis Guambo	341 Cello Circle, Winter Springs	Rental Property
Kimberly & Eugene Hurst	105 Washington Ave., Lake Mary	Rental Property
Joni & Taiish Helm	132 Waverly Dr, Fern Park	Rental Property
Elizabeth Ariza	622 Tall Oaks Terr., Longwood	Rental Property
Tia & Cornelius Dyes	2485 Daffadil Terr., Sanford	Rental Property
Alen Martinez	2509 Daffadil Terr., Sanford	Rental Property
CIT Bank	PO Box 7056 Pasadena CA	Bank
Katie Steele & Michael Sylvain	5040 Volusia Ave., Titusville	Rental Property

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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
341 Cello Cir., Winter Springs FL
105 Washington Ave., Lake Mary FL
132 Waverly Dr., Fern Park FL
622 Tall Oaks Terr., Longwood FL
2485 Daffadil Terr., Sanford FL
2509 Daffadil Terr., Sanford FL

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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
Savings/Checking	USAA Federal Savings Bank
Savings	CIT Bank
Prepaid Tuition	Florida Prepaid
Stock/Bond Funds/Mutual Funds	FL Deferred Compensation Plan Nationwide
Mutual Funds	Vanguard IRA
Mutual Funds	FRS Investment Plan
Donor Advised Fund	National Christian Foundation

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

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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.

Signature of Filer

Colleen Taylor

Digitally signed: **06/13/2025**

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