2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/25/2025

General Information

Name: Ms Sharon Annette Mahoney

PID 300696

AGENCY INFORMATION

Organization	Suborganization	Title
Islamorada	Village Council	Mayor

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
Sharon Mahoney d/b/a Enchanted Florist	174 Ocala Drive, Tavernier, FL 33070	Florist

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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

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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
Trust	Mahoney Sharon Revocable Trust
Interest in Business	HV582 Investments LLC
Trust	Mahoney Elvira F revocable Trust
Interest in Business	Mahoney Real Estate 2LLC
Stock	Amazon. Com Inc.
Stock	Apple Inc.
Stock	Berkshire Hathaway Inc.
Mutual Fund	FTCBOE Vest S&P 500 EFT
Stock	Microsoft Corp.
Stock	NVDIA Corp.
Bank Accounts	Centennial Bank

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	

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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.

CPA/Attorney Signature Only

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, **Mark Herron** prepared the CE Form 1 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Mark Herron

Digitally signed: **06/25/2025**

Filed with COE: 06/25/2025

Signature of Filer

Sharon Annette Mahoney

Digitally signed: **06/25/2025**

Filed with COE: 06/25/2025