2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/30/2025

General Information

Name: Ms Debra Ann Worley

PID 69972

AGENCY INFORMATION

Organization	Suborganization	Title
Lake Placid	Mayor And Town Council	Council Member

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
Debra Ann Worley Real Estate, Inc.	380 Interlake Blvd	Services as licensed by the State of Florida for Real Estate

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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
963 Lake Drive East, Lake Placid, FL
258 E Hibiscus St, Lake Placid, FL
380 E Interlake Blvd, Lake Placid, FL
P06373003000100010
P06373008000100010
P06373008000100030

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
Office Equpment and Furniture	Debra Ann Worley Realty Inc.

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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
Southeast Toyota Finance	P O Box 70832, Charlotte NC 38272-0832
Willard and Alison Cortright	101 Lakefront Lane, Lake Placid, FL

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

Debra Ann Worley

Digitally signed: **06/30/2025**

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