Filed with COE: 06/30/2025

General Information

Name: Hon JOY F COOPER

PID 34905

AGENCY INFORMATION

Organization	Suborganization	Title
Hallandale Beach	Community Redevelopment Agency	CHAIR
Hallandale Beach	Mayor And City Commission	MAYOR
Hallandale Beach	Nuisance Abatement Board	CHAIR

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
Hallandale Beach Orthopedics PA	1250 E Hallandle Beach Hallandale Beach FL 33009	Orthopedic Office

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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
101 Ironhorse Way J4109 Winter Park CO 80482
10600 South Ocean Drive 1208 Jensen Beach FL 34957

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
Charles Schwab	Hallandale Beach Orthopedics PA

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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
South State Bank	1001 Front Street South Winterhaven FL 33850
Bank of America	100 North Tyrone Street Charolette NC 28255

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

JOY F COOPER

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

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