2025 Form 1 - Statement of Financial Interests

Filed with COE: 04/21/2026

General Information

Name: Freddie L Foster Jr

PID 292396

AGENCY INFORMATION

Organization	Suborganization	Title
Key Colony Beach	Mayor And City Commission	Mayor

CANDIDATE FOR

Position	Agency Name	Position sought or held
City, Town or Village (Commission or Council), Governing Board - Form 1 (Effective 6/10/2024)	City of Key Colony Beach	Mayor or commissioner

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2025.

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**
SOCIAL SECURITY	301 SIMONTON ST KEY WEST FL 33040	SOCIAL SECURITY
CONTINENTAL INN BEACHSIDE INC	170 11TH STREET KEY COLONY BEACH FL 33051	VACATION RENTALS

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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
1121 W OCEAN DR UNIT 23 KEY COLONY BEACH FL 33051
1121 W OCEAN DR UNIT 14 KEY COLONY BEACH FL 33051
1121 W OCEAN DR UNIT 19 KEY COLONY BEACH FL 33051
1121 W OCEAN DR UNIT 25 KEY COLONY BEACH FL 33051

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
STOCKS	FISHER INVESTMENTS
STOCKS/IRA	RAYMOND JAMES

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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
CAROLYN WALRAVEN	529 WAYLAND DR HOCKESSIN DE 19707-9724

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

Freddie L Foster Jr

Digitally signed: **04/17/2026**

Filed with COE: 04/21/2026