2025 Form 1 - Statement of Financial Interests

Filed with COE: 07/01/2026

General Information

Name: Mr Ben Sorensen

PID 267106

AGENCY INFORMATION

Organization	Suborganization	Title
Fort Lauderdale	Community Redevelopment Agency	
Fort Lauderdale	Mayor And City Commission	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
Sorensen Consulting, Inc.	924 SE 5 Court, Fort Lauderdale, FL 33301	Consulting
U.S. Navy	1200 Navy Pentagon, Washington, DC 20350	National Security

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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
Sorensen Consulting, Inc.	Council Advisors	685 3rd Avenue, 22nd Floor, NY, NY 10017	Consulting
Sorensen Consulting, Inc.	Navy Federal Credit Union	82 Follin Lane, Vienna, VA 22180	Credit Union
Sorensen Consulting, Inc.	Michigan Medicine	2901 Hubbard, Suite 1211, Ann Arbor, MI 48109	Medicine

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Location/Description
612 Petronia Street #2, Key West, FL 33040

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
Mutual Fund	American Funds
529 Plan	Prepaid College Fund - State of Florida

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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
Valley	PO Box 558, Wayne, NJ 07474
SouthState Bank	1101 First Street South, Winter Haven, FL 33880
Volvo Car Financial Services	PO Box 91300, Mobile, AL 36691

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

Ben Sorensen

Digitally signed: **07/01/2026**

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