2025 Form 1 - Statement of Financial Interests

Filed with COE: 06/22/2026

General Information

Name: Ms Arlene R Schwartz

PID 2322

AGENCY INFORMATION

Organization	Suborganization	Title
Margate	Community Redevelopment Agency	Board Member
Margate	Employees Benefit Trust Fund	Trustee
Margate	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
FRS	P.O. Box 3096 Tallahassee, FL	Pension
Social Security	1 Jamaica Center Plaza Jamaica, NY	Pension
Third Federal Savings & Loan	7007 Broadway Ave. Cleveland, OH 44105	Bank
Flagstar Bank N.A.	102 Duffy Ave. Hicksville, NY 11801	Bank
Equitable Insurance Company	100 Madison St. Syracuse, NY	Insurance
Fifth Third Bank NA	Fifth Third Center Cincinnati, Ohio 45263	Bank
Amerant Bank	P.O. Box 229015 Miami, FL 33222-9015	Bank

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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

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
Annuity	Equitable
Bank Accounts	Fifth Third Bank N.A , Flagstar Bank N.A, Amerant Bank
Bank Accounts	Brightstar Credit Union, Third Federal Savings
Fid Free Index 2025 Inst Prm	Nationwide
Fixed Annuity	Delaware Life Insurance Company

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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
N/A	

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

Arlene R Schwartz

Digitally signed: **06/22/2026**

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