2025 Form 1 - Statement of Financial Interests

Filed with COE: 07/28/2026

General Information

Name: Mr Keith D Capizzi

PID 299843

AGENCY INFORMATION

Organization	Suborganization	Title
Cocoa Beach	City Commission	
Cocoa Beach	Downtown Cocoa Beach Community Redevelopment Agency	

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
Charter boat captain	168 saint Croix Ave. Cocoa Beach fl	Captain for hire
WRRJ RADIO	1150 W King st cocoa fl	Radio station
Capizzi management	168 saint Croix Ave cocoa beach florida	Long term rentals
Capizzi realestate	168 saint Croix ave	Wife's a realtor

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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
221 Columbia dr #335 cape Canaveral
222 Columbia dr #113 cape Canaveral
221 Columbia dr #123 cape Canaveral
221 Columbia dr #218 cape Canaveral
102 Columbia dr #107 cape Canaveral
137 Anchorage Ave ancorage Ave cape Canaveral
1980 n Atlantic Ave 122 cocoa beach
1980 n Atlantic Ave #124 cocoa beach
1980 n Atlantic Ave #126 cocoa beach

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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
Bank account	Capizzi realestate
Merrell CMA ACCOUNT	Personal
Hallmark defined contribution plan	Personal Retirement

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

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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.

Signature of Filer

Keith D Capizzi

Digitally signed: **07/28/2026**

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