2024 Form 1 - Statement of Financial Interests

Filed with COE: 04/01/2025

General Information

Name: Michelle Whitman

PID 286635

AGENCY INFORMATION

Organization	Suborganization	Title
Davie	Community Redevelopment Agency	Boardmember
Davie	Mayor And Town Council	Councilmember

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
N/A		

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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
3720 SW 55 Ave, Davie

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
Life Insurance	State Farm
Life Insurance	All State
Life Insurance	Lincoln Benefit Life
IRA	Prime America Financial
Deferred Comp	Voya

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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
CONNEXUS	PO Box 219745, Kansas City, MO
Wells Fargo	Wells Fargo 420 Montgomery Street San Francisco, CA 94104
Launch Servicing, LLC	PO Box 91910, Sioux Falls, SD, 57109
Mosaic	PO Box 820, Scottsdale, AZ 85252

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	
Name of Business Entity	First Place Trophies of America, Inc
Address of Business Entity	6270 SW 41 Place, Davie, FL 33314
Principal Business Activity	Pressure Cleaning
Postion Held with Entity	Director President
I own more than a 5% Interest in the Business	No
Nature of my Ownership Interest	None

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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

Michelle Whitman

Digitally signed: **04/01/2025**

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