

2025 Form 1 - Statement of Financial Interests

Filed with COE: 05/15/2026

<b>General Information</b>		
Name:	Ms Rebecca Earnest	PID 205181
<b>AGENCY INFORMATION</b>		
Organization	Suborganization	Title
Port Malabar Holiday Park Mobile Park Dist.	Board Of Trustees	Chairman

<b>Disclosure Period</b>
THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2025.

<b>Primary Sources of Income</b>		
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	federal governmentna	na
Invesco	PO Box 219319Kansas City, Mo 64121	na

**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
CapitalOne Savings	Savings

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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.
<input checked="" type="checkbox"/> I certify that I have completed the required training under Section 112.3142, F.S.
<input type="checkbox"/> Required training under Section 112.3142, F.S., not applicable to filer for this form year.

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Signature of Filer

***Rebecca Earnest***

Digitally signed: 05/15/2026

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