

2025 Form 1 - Statement of Financial Interests

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General Information		
Name:	David Francis	
		PID 318163
AGENCY INFORMATION		
Organization	Suborganization	Title
Heritage Isle at Viera Community Development District	Board of Supervisors	Board Supervisor
CANDIDATE FOR		
Position	Agency Name	Position sought or held
Special District	Heritage Isle at Viera Community Development District	Supervisor

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
Airport Lodging Incorporated	15001 WARDS ROAD Lynchburg VIRGINIA 24502	Hotel
Francis Hospitality Incorporated	15001 Wards Road Lynchburg Virginia 24502	Management Company and Commercial Building

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
Cash	Francis Hospitality Incorporated
Cash	Airport Lodging Incorporated
Cash	Personal Account
Automobiles	Personal

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

Signature of Filer

David Francis

Digitally signed: 05/28/2026

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