

2024 نان ا Elled with COE: 05/05/2024

General In	formation		ST JOURS COMMENT	
Name: Address: County:	Mr Michael C Taylor 155 Corral Cir, St Augustine, Saint Johns	FL 32092	<u> </u>	PID 282807
AGENCY INF	ORMATION			
Organization		Suborganization		Title
Heritage Land District	ing Community Development	Board of Supervisors	•	Chairman

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2023 .

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
Fidelity Investments	4601 Touchton Rd E	Finance
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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 N/A Address of Source

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")				
Select Construction & Housing	Fidelity IRA			
MONEY MARKET	Fidelity IRA			
INTL SM CAP	Fidelity 401K			
Diversified INTL	Fidelity 401K			
Contrafund	Fidelity 401K			
Low-Priced Stock	Fidelity 401K			
Nasdaq Index	Fidelity 401K			
Extended Mkt Index	Fidelity 401K			
Fid 500 Index	Fidelity 401K			
CASH	Fidelity Brokerage Account			



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Liabilities		ST JOURS COUNT / Michaelse	
LIABILITIES (Major debts valued ov (If you have nothing to report, writ			
	Address of Creditor		
Name of Creditor			

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

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.



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Signature of Filer	
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Michael C Taylor

Digitally signed: 05/05/2024

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