

COMMISSION ON ETHICS 2008

DATE RECEIVED _____

JUN 26 2009

**FOR OFFICE
USE ONLY:**

*****AUTO**3-DIGIT 331 T2 P2 61

Barbara Lagoa
Judge
3rd District Court Of Appeal
Elected Constitutional Officer
2001 SW 117th Ave
Miami, FL 33175-1716

PROCESSED

ID Code



ID No

207779

Conf Code C

P Req. Code

Lagoa, Barbara

CHECK IF THIS IS A FILING BY A CANDIDATE ☐**PART A – NET WORTH**

Please enter the value of your net worth as of December 31, 2008, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of December 31, 20 08 was \$792,272.31

PART B – ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry, collections of stamps, guns, and numismatic items; art objects, household equipment and furnishings; clothing; other household items, and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 175,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

House - [REDACTED]	\$950,000.00
Bank Accounts (Citibank)	118,854.12
Credit Union (University Credit Union)	4,834.95
Stock (Altria)	1,286.71
(continued on attached sheet)	

PART C – LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Wells Fargo Home Mortgage; P.O. Box 660455, Dallas, TX 75266-0455	\$409,757.70
Wells Fargo Equity Account; P.O. Box 54780, L.A., CA 90054-0780	145,482.61
Honda Financial Services; P.O. Box 105027, Atlanta, GA 30348-5027	23,782.58

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

PART D -- INCOME

You may ***EITHER*** (1) file a complete copy of your 2008 federal income tax return, including all attachments, ***OR*** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below

☐ I elect to file a copy of my 2008 federal income tax return. [If you check this box and attach a copy of your 2008 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
State of Florida	200 East Gaines Street, Tallahassee	\$154,570.00

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

OATH

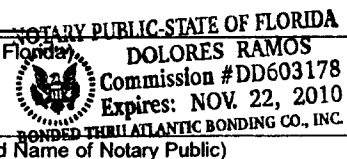
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 24th day of

June, 2009 by Dolores Ramos

[Signature]
(Signature of Notary Public--State of Florida)



(Print, Type, or Stamp Commissioned Name of Notary Public)

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced _____

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
OTHER FORMS you may need to file are described on page 6.

ATTACHMENT A

<u>Description of Asset</u>	<u>Value of Asset</u>
Stock (America Movil)	\$ 782.71
Stock (Barrick Gold)	2,259.26
Stock (G.E.)	1,581.99
Stock (Gold Corp., Inc)	789.61
Stock (Intel)	740.86
Stock (McDonald's Corp.)	5,324.09
Stock (Noble Corp.)	1,005.98
Stock (Kraft Foods)	867.55
Stock (Philip Morris, Int'l)	9,991.81
Stock (Starbucks)	946.00
401(K) (Fed. Emp. Retirement Sys.)	65,518.39
IRA (Ameritrade)	42,816.50
Cash Account (Ameritrade)	2,294.71

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JUDICIAL QUALIFICATIONS COMMISSION FORM 6A
Canon 6B(2), Code of Judicial Conduct

GIFT DISCLOSURE

All judicial officers must file with the Commission on Ethics on or before July 1 of each calendar year on the form set forth below a list of all gifts received during the previous calendar year of a value in excess of \$100.00, as provided in Canon 5D(5) and Canon 6B(2) of the Code of Judicial Conduct.

NAME: Barbara Lagoa TELEPHONE: (305) 229-3200 ext. 3224

ADDRESS: 2001 S.W. 117th Avenue; Miami, Florida 33175-1716

POSITION HELD: Judge, Third District Court of Appeal

Please identify all gifts you received during the preceding calendar year of a value in excess of \$100.00, as required by Canon 5D(5) and Canon 6B(2) of the Code of Judicial Conduct.

Source

Value

NONE

PROCESSED

CONFIDENTIAL

OATH

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

I, Barbara Lagoa, the public official filing this disclosure statement, being first duly sworn, do depose on oath and say that the facts set forth in the above statement are true, correct and complete.

(Signature of Reporting Official)

The foregoing instrument was acknowledged before me this 24th day of June, 2009, who is personally known to me ~~or who has produced~~ (type of identification) and who did take an oath.

(Signature of Notary Public) NOTARY PUBLIC-STATE OF FLORIDA
DOLORES RAMOS

Commission #DD603178
Expires: NOV 22, 2010

(Name of Notary Public - Typed, Printed or Stamped)

[ORIGINAL OF THIS FORM FILED WITH COMMISSION ON ETHICS; COPY FILED WITH JUDICIAL QUALIFICATIONS COMMISSION]