FORM 6 FULL AND PUBLIC DISCLOSURE OF 2010

FINANCIAL INTERESTS

DATE RECEIVED

FOR OFFICE USE ONLY:

JUN 2 7 2011

CONFIDENTIAL

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ID No 207779

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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, 2010, 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 <u>December 31</u>, 20 <u>10</u> was \$747,549,45

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 -	\$1,200,000.00
Bank Account (Citibank)	159,265.00
Credit Union (University Credit Union)	1,079.78
401(K) (Fed. Emp. Retirement System)	69,947.43
(continued on attached Sheet)	

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Power Financial Credit Union (Mortgage); P.O. Box 277630, Miramar, FL 33027	\$ 852,889.80
Honda Financial Services; P.O. Box 105027; Atlanta, GA 30348-5027	29,023.53

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:	
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

		PART D -	- INCOME		
You may EITHER (1) file a comp separate source and amount of it	lete copy of your 2010 federa acome which exceeds \$1,000	al income tax re , including seco	eturn, including all attachments, <i>OR</i> ondary sources of income, by comple	(2) file a sworr eting the remai	n statement identifying each nder of Part D, below.
I elect to file a copy of my the remainder of Part D.]	2009 federal income tax retu	ırn. [If you ched	ck this box and attach a copy of your	2010 tax retur	rn, you need not complete
PRIMARY SOURCES OF INCOME NAME OF SOURCE OF INCOME.		1	ADDRESS OF SOURCE OF INCOM	E	AMOUNT
State of Florida	1000	200 Eas	t Gaines Street,Tallah	assee	\$150,352.14
	1200		<u> </u>		
SECONDARY SOURCES OF IN NAME OF BUSINESS ENTITY	COME [Major customers, clie NAME OF MAJOR OF BUSINESS' I	SOURCES	inesses owned by reporting person- ADDRESS OF SOURCE	F	nsj. Principal Business Activity of Source
N/A					
	PART E II	NTERESTS	IN SPECIFIED BUSINESSES		
	BUSINESS ENTITY		BUSINESS ENTITY # 2	_	ISINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A				
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY					
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			April 7		
NATURE OF MY OWNERSHIP INTEREST					
IF ANY OF PARTS	A THROUGH E ARE CO	ONTINUED	ON A SEPARATE SHEET, PI	LEASE CHI	ECK HERE 🔲
OA	TH	-	TE OF FLORIDA UNTY OFMIAMI-DADE		
I, the person whose name appea	rs at the	Swo	orn to (or affirmed) and subscribed be	efore me this	23 eD day of
beginning of this form, do depose					
and say that the information disc		<u>J</u> 1	une, 20 <u>11</u> by	Barbara 1	Lagoa
and any attachments hereto is tri and complete	ie, accurate,	(Sig	Nature of Notary Public-State of Flo	rida)	
Bacho	Au 10	(Pri	RACY Kelliher Ver nt, Type, or Stamp Commissioned N	RINE ame of Notary	Public)
SIGNATURE OF REPORTING	FFICIAL OR CANDIDATE	 Per	sonally Known	Provided Video	
		Тур	e of Identification Produced	Tracy Kelliher V My Commission Exercise 98/30/2	ernre 【

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

Description of Asset	Value of Asset
IRA (Ameritrade)	\$49,006.39
Cash Account (Ameritrade)	164.18

JUDICIAL QUALIFICATIONS COMMISSION FORM 6A

Canon 6B(2), Code of Judicial Conduct

UN 2 7 2011

GIFT DISCLOSURE

All judicial officers must file with the Commission on Ethics on or before <u>luly 1</u> 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: <u>Barbara Lagoa</u>		
WANTE. Daibata Lagua	TELEPHONE:((305)229-3200 ext.
ADDRESS: 2001 S.W. 117t	h Avenue, Miami Florida 33175-17	16
OSITION HELD: Judge, Thi	rd District Court of Appeal	
	ceived during the preceding calendar year of 5D(5) and Canon 6B(2) of the Code of Judicial	
Source	<u>Value</u>	
NONE		The state of the s
	- CONT	UENIAL
certify that the foregoing list is	JUDGE OATH	Pyo
COUNTY OF MIAMI-DADE		
COUNTY OF MIAMI-DADE Sworn to (or affirmed) and subsets by Barbara Lagoa	scribed before me this 23 day of <u>June</u> (name of person making states	, 20 <u>11</u> , ment).
Sworn to (or affirmed) and subs	(Signature of Notage Public State of Fi	ment). ortida) c State of Florida