

IN THE CIRCUIT COURT OF THE 15<sup>TH</sup> JUDICIAL CIRCUIT  
IN AND FOR PALM BEACH COUNTY, FLORIDA

IN RE: THE MARRIAGE OF

CASE NO: 501971DR004137XXDIFD

WILLIAM A. CABANA,  
Petitioner/Former Husband,

FAMILY DIVISION

and

SHARON ANN MAYO f/k/a  
SHARON ANN CABANA  
Respondent/Former Wife.

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**FIRST AMENDED FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)**  
(Under \$50,000 Individual Gross Annual Income)

I, SHARON ANN MAYO, being sworn, certify that the following information is true:

My Occupation: Customer Service

Employed by: Florida Power and Light

Business Address: 700 Universe Blvd., Juno Beach, FL 33408-0420

Pay rate: \$ 11.98 per hour

( ) every week (  ) every other week ( ) twice a month ( ) monthly (  ) other:

Check here if unemployed and explain on a separate sheet your efforts to find employment.

**SECTION I. PRESENT MONTHLY GROSS INCOME:**

1. Monthly gross salary or wages (Based on 2005 through May, 2005)	1.	\$	1,536.21
2. Monthly bonuses, commissions, allowances, overtime, tips, and similar payments	3.		
3. Monthly business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts (gross receipts minus ordinary and necessary expenses required to produce income) ( <input type="checkbox"/> Attach sheet itemizing such income and expenses.)	4.		
4. Monthly disability benefits/SSI	5.		
5. Monthly Workers' Compensation	6.		
6. Monthly Unemployment Compensation	7.		
7. Monthly pension, retirement, or annuity payments	8.		
8. Monthly Social Security benefits	9.		
9. Monthly alimony actually received			
9a. From this case: \$ _____			
9b. From other case(s): _____ Add 9a and 9b	10.		
10. Monthly interest and dividends	11.		83.33
11. Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) ( <input type="checkbox"/> Attach sheet itemizing such income and expense items.) (income only) \$1,000/yr.	12.		
12. Monthly income from royalties, trusts, or estates	13.		
13. Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses	14.		
14. Monthly gains derived from dealing in property (not including nonrecurring gains)	15.		
15. Any other income of a recurring nature (list source)	16.		
16.			

**17. PRESENT MONTHLY GROSS INCOME**

**TOTAL: 17. \$ 1,619.54**

**PRESENT MONTHLY DEDUCTIONS:**

18. Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)	18.	\$	79.15
a. Filing Status <u>Single</u>			
b. Number of dependents claimed <u>1</u>			
19. Monthly FICA or self-employment taxes	19.		79.36
20. Monthly Medicare payments	20.		18.56
21. Monthly mandatory union dues	21.		
22. Monthly mandatory retirement payments	22.		
23. Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship	23.		205.06
24. Monthly court-ordered child support actually paid for children from another relationship	24.		
25. Monthly court-ordered alimony actually paid	25.		
25a. from this case: \$ _____			
25b. from other case(s): _____ Add 25a and 25b			

**26. TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES (Add lines 18 through 25)**

**TOTAL: 26. \$382.13**

**27. PRESENT NET MONTHLY INCOME (Subtract line 26 from line 17) 27. \$ 1,237.41**



**SECTION II. AVERAGE MONTHLY EXPENSES**

**A. HOUSEHOLD:**

Mortgage or rent	\$	395.00
Property taxes	\$	392.08
Electric	\$	65.00
Water, garbage & sewer	\$	79.00
Telephone	\$	30.00
Food	\$	200.00
Meals outside home	\$	25.00
Maintenance/Repairs	\$	140.00
Lawn & pool care	\$	
Pest control	\$	
Miscellaneous household	\$	
Cable television	\$	
Other:	\$	
<u>Stamps, UPS, etc.</u>	\$	15.00
<u>Property Insurance</u>	\$	238.00
_____	\$	
_____	\$	

**B. AUTOMOBILE**

Gasoline	\$	116.00
Oil	\$	15.00
Repairs	\$	229.45
Insurance	\$	65.00
Auto payment	\$	
Other: license & reg.	\$	4.00

**C. CHILD(REN)'S EXPENSES**

Day care	\$	
Nursery	\$	
School tuition	\$	
School supplies	\$	
Lunch money	\$	
After school activities	\$	
Clothing	\$	
Grooming	\$	
Gifts for holidays	\$	
Medical/dental (uninsured)	\$	
Orthodontist	\$	
Entertainment	\$	
Birthday parties	\$	
Gifts from children to others	\$	
Allowance	\$	
Other:	\$	
_____	\$	
_____	\$	
_____	\$	
_____	\$	
_____	\$	

**D. INSURANCE**

Medical/dental	\$	
Child(ren)'s medical/dental	\$	
Life	\$	
_____	\$	
_____	\$	
_____	\$	

**E. OTHER EXPENSES NOT LISTED ABOVE**

Affiant's Clothing	\$	15.00
Dry cleaning & laundry	\$	5.00
Cosmetics & toiletries	\$	10.00
Medical/Dental (\$1,538/yr)	\$	128.17
Grooming	\$	10.00
Entertainment	\$	10.00
Gifts	\$	50.00
Church/Charities	\$	20.00
Miscellaneous	\$	
Pets	\$	
Dues	\$	18.00
Publications	\$	
Vacations	\$	80.00
Other: _____	\$	

**F. PAYMENTS TO CREDITORS**

CREDITOR:	MONTHLY PAYMENT
<u>Attys fees(varies avg last 12 mnths)</u>	\$351.22
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$

**G. 4401 SATURN AVENUE**

<u>Mortgage</u>	\$	515.32
<u>Taxes</u>	\$	184.25



28. TOTAL MONTHLY EXPENSES (add ALL monthly amounts in A through F above) \$3,405.49

**SUMMARY**

29. TOTAL PRESENT MONTHLY NET INCOME 29. \$ 1,237.41  
 (from line 27 of SECTION I. INCOME)
30. TOTAL MONTHLY EXPENSES (from line 28 above) 30. \$ 3,405.49
31. SURPLUS (If line 29 is more than line 30, subtract line 30 from line 29. 31. \$  
 This is the amount of your surplus. Enter that amount here.)
32. (DEFICIT) (If line 30 is more than line 29, subtract line 29 from line 30. 32. (\$ 2,168.08)  
 This is the amount of your deficit. Enter that amount here.)

**SECTION III: ASSETS AND LIABILITIES**

**A. ASSETS:**

DESCRIPTION OF ITEM(S). List a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage).	Current Fair Market Value	Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/> Cash (on hand)	\$ 10		✓
<input type="checkbox"/> Cash (in banks or credit unions)	Gold Coast 193		✓
	Wachovia 911		✓
<input type="checkbox"/> Stocks, Bonds, Notes:	Bank of America 5/31/05 2,852		✓
	American Funds 5/31/05 1,618		✓
<input type="checkbox"/> Real estate: (Home)	220 Almeria Road (estimate) 350,000		✓
<input type="checkbox"/> (Other)	4401 Saturn (estimate) 84,000		✓
	Okeechobee Lot (estimate) 18,750		✓
<input type="checkbox"/> Automobiles	1991 Toyota Camry 625		✓
<input type="checkbox"/> Other personal property-	Household furnishings 900		✓
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
<input type="checkbox"/>	Vanguard 401k (3/31/05) 155,317		✓
<input type="checkbox"/>	FPL pension 5,848		✓
<input type="checkbox"/>	FPL thrift 14,794		✓
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> ✓ here if additional pages are attached.			
<b>Total Assets (add column B)</b>	<b>\$ 635,818</b>		



**B. LIABILITIES:**

DESCRIPTION OF ITEM(S). List a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage).	Current Amount Owed	Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/> Mortgages City of West Palm Beach Almeria Rd	\$ 5,036		✓
<input type="checkbox"/> Gold Coast Credit Union: Almeria Rd. (4/30/05)	44,231		✓
<input type="checkbox"/> Washington Mutual: Saturn Ave (33,221 (5/15/05)	33,221		✓
<input type="checkbox"/> Charge/credit card accounts MasterCard	3,245		✓
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> ✓ here if additional pages are attached.			
<b>Total Debts (add column B)</b>	<b>\$ 85,733</b>		

**C. CONTINGENT ASSETS AND LIABILITIES**

Contingent Assets ✓the box next to any contingent asset(s) which you are requesting the judge award to you.	Possible Value	Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
<b>Total Contingent Assets</b>	<b>\$</b>		

Contingent Liabilities ✓the box next to any contingent debt(s) for which you believe you should be responsible.	Possible Amount Owed	Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
<b>Total Contingent Liabilities</b>	<b>\$</b>		



**SECTION IV: CHILD SUPPORT GUIDELINES WORKSHEET**

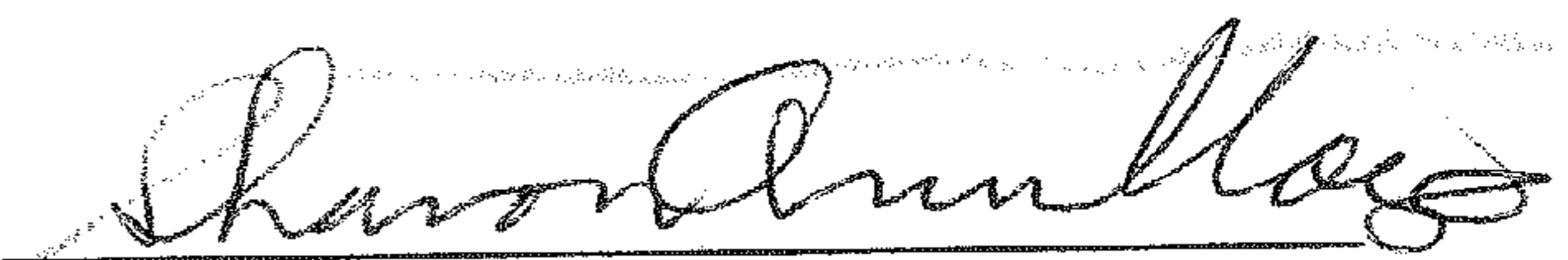
[√ one only]

A Child Support Guidelines Worksheet IS being filed in this case. The parties have one or more minor children in common or one of the parties is requesting a modification of a previous court order regarding child support.

A Child Support Guidelines Worksheet IS NOT being filed in this case. There are no minor children common to the parties in this case or, if this case involves a modification of a previous court order, child support is not an issue.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: 6/9/05

  
SHARON ANN MAYO

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Sworn to or affirmed and signed before me this 9th day of June, 2005, by SHARON ANN MAYO, who is:

personally known to me or  
 who produced identification of \_\_\_\_\_



Robin L. Gathagan  
Commission # DD 025138  
Expires June 14, 2005  
Bonded Through  
Atlantic Bonding Co., Inc.


  
NOTARY PUBLIC—STATE OF FLORIDA  
AT LARGE.

My Commission expires:

I HEREBY CERTIFY that a true copy of the foregoing has been furnished to Mr. William A.

Cabana, 1050 Capri Isles, Apt. F105, Venice, FL 34292, on this 9th day of June, 2005.

CATHY L. KAMBER, P.A.  
Attorneys for Former Wife  
1675 Palm Beach Lakes Blvd.  
Suite 700  
West Palm Beach, FL 33401  
Telephone: (561) 868-1602

By:   
Cathy L. Kamber  
Fla. Bar No. 312819