2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED May 02, 2006 8:00 am Secretary of State

Entity Name ANDHEL, INC.	· :		05-02-2006 90418 044 ***150.00
ncipal Place of Business 0161 WALES LOOP DNITA SPRINGS FL 33923	Mailing Address 10161 WALES LOOP BONITA SPRINGS FL	34135	
Principal Place of Business Above	3.: Mailing Address Above		
Suite. Apt. #, etc.	Suite, Apt. #, etc.		1st MOORE
City & State	City & State		4. FEI Number 59-2606835 Applied For Not Applicable
Zip . Country	Zip	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
6. Name and Address of Current	Registered Agent	·	7. Name and Address of New Registered Agent
	1	Name	
BRODEUR, MARTHA J CAM 10161 WALES LOOP BONITA SPRINGS FL 34135	``.	Street Addr	ess (P.O. Box Number is Not Acceptable)
	,	City	FL Zip Code
the obligations of registered agent. GNATURE Signature, typed or prefled name of registered agent FILE NOW!!! FEE;IS;\$150:00 After May 1 - 2006;Fee Will Be \$550.00 ake Check Payable to Florida Departmentic	and title if applicable (NO	TE: Regislored Agent signature r	March 23, 2006 Parent State of Florida. It am familiar with, and accept
		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
LE DP MCDONALD, MICHAEL REETADDRESS 10591 WALES LOOP Y-ST-ZIP BONITA SPRINGS FL 34135	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OPPICERS AND DIRECTORS IN 11
LE DVP ME DONALDSON, NEIL REET ADDRESS 10700 WALES LOOP IY-SI-ZIP BONITA SPRINGS FL 34135	Delete		VP James Koetter
DT YEAGER, ROBERT REET ADDRESS 10270 WALES LOOP Y-ST-ZIP BONITA SPRINGS FL 34135	Delete	TITLE NAME STREET ADDRESS CHY-SI-ZIP	☐ Change ☐ Addition
LE D ME ' JARKE, JOHN REET ADDRESS 10440 WALES LOOP BONITA SPRINGS FL 34135	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
LE DS ME HILLOCK, VICKEY REET ADDRESS 10770 WALES LOOP BONITA SPRINGS FL 34135	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Pauline Spears Change Addition 10700 Wales Loop Bonita Springs, FL 34135
LE D ME ENGEL, CHARLES REET ADDRESS 10651 WALES LOOP BONITA SPRINGS FL 34135	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	tained in Section 119, Florida Statutes. I further certify that the information

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statules; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Michael I. McDonald, President

GNATURE:

March 23, 2006

239/495-7007

March 23, 2006

239/495-7007 Daytime Phone #

ATTACHMENT 40079778

H33072

Bonita Springs Village, Inc.
Meeting of the Board of Directors
March 12, 2006

COPY

The board of directors organizational meeting was held immediately following the annual membership meeting on March 12, 2006. Agenda included the election of officers for the coming year. Directors present were Mike McDonald, Claudia Richardson, Bob Yeager, Chuck Engel, Jack Jarke, Jim Koettter and Pauline Spears. All voted and elected the following officers: President - Mike McDonald; Vice President - Jim Koetter, Treasurer - Bob Yeager.

With a full quorum of directors and elections completed the meeting was adjourned.

Mandhel Corporation
Meeting of the Board of Directors
March 12, 2006

The meeting of directors for the Mandhel Corporation, a dual partnership with Bonita Springs Village, Inc. was held immediately following the annual membership meeting on March 12, 2006. Agenda included the election of officers for the coming year. All agreed to appoint the same officers of Bonita Springs Village, Inc. to sit as officers of the Mandhel Corporation board of directors.

Meeting was adjourned.

Aus. 2. 2004 4:35PM FIRST COMMERCIAL INSURANCE

No-9910 P. 2

NOTICE OF ELECTION TO BE EXEMPT

Please refer to the enclosed instructions before completing this form. HOO 7577
SECTION 1: I am applying for exemption as a (Please check only one box in this section):
CONSTRUCTION INDUSTRY "CORPORATE OFFICER" (\$50 APPLICATION FEE REQUIRED) Officer of a Corporation (Title):
NON-CONSTRUCTION INDUSTRY "CORPORATE OFFICER" (NO FEE REQUIRED) Officer of a Corporation (Title): PRESEDENT)
An officer electing an exemption under chapter 440 Florida Statutes is not entitled to benefits under this chapter.
SECTION 2. To be eligible for an exemption, the corporation of which you are an officer or the limited liability company of which you are a member must be registered with the Division of Corporations of the Department of State. For applicants applying as an officer of a corporation, you must be listed as an officer of the Corporation with the Division of Corporations of the Department of State. Please list the registration number (document number shown on your Uniform Business Report) on file with the Division of Corporations. H 33072
SECTION 3. This exemption application applies only to the person signing the application, the Corporation/LLC that is listed below, and the scope of business or trade listed: Corporation or LLC Name: MANIMIEL, INC. FEIN: 59-2606835 Telephone: 239/495-7007
Business Mailing Address: 10161 WALES LOOP CityBonita Spessate: FL Zip34135 County: LEE
Scope of Business or Trade of Applicant: 1. NONE 2. 3. 4.
SECTION 4. Please list all certified or registered licenses issued to the applicant pursuant to Chapter 489, F.S. (Contractor's License) NONE
SECTION 5. Does the county or municipality in which your business is located require an occupational license for your business? I Yes No IF YES, A COPY OF A CURRENT OCCUPATIONAL LICENSE MUST BE ATTACHED.
SECTION 6. Are you affiliated with any corporation (including LLC) other than the corporation (including LLC) to which this application applies? SECTION 6. Are you affiliated with any corporation (including LLC) to which this application applies? SECTION 6. Are you affiliated with any corporation (including LLC) to which this application applies? SECTION 6. Are you affiliated with any corporation (including LLC) other than the corporation (including LLC) to which this application applies? SECTION 6. Are you affiliated with any corporation (including LLC) other than the corporation (including LLC) to which this application applies? SECTION 6. Are you affiliated with any corporation (including LLC) other than the corporation (including LLC) to which this application applies?
LLC(s): NAME: BONITA SPRINGS VILLAGE, INC. PRIN: 59-3106804
SECTION 7. If your corporation or LLC is engaged in the construction industry, you must provide the required proof of ownership in the corporation or LLC.
A. To be eligible for a construction industry exemption as an officer of a corporation, the applicant must be a shareholder, owning at least 10% of the stock of the corporation. A COPY OF A STOCK CERTIFICATE EVIDENCING THE REQUIRED OWNERSHIP MUST BE ATTACHED.
B. To be eligible for a construction industry exemption as a member of a limited liability company (LLC), the applicant must confirm ownership of at least 10% of the company. THE REQUIRED OWNERSHIP MAY BE ESTABLISHED BY PRODUCTION OF DOCUMENTATION REFLECTING THE REQUIRED OWNERSHIP, OR BY SUBMITTING A NOTARIZED STATEMENT ATTESTING TO THE REQUIRED OWNERSHIP.
SECTION B. FRAUD NOTICE
A. Any person who, knowingly and with intent to injure, defraud, or deceive the department or any employer or employee, insurance company or any other person, files a notice of election to be exempt containing any false or misleading information is guilty of a felony of the third degree. B. Attestation of applicant - By zigning below, I attest that I have read, understand and acknowledge the foregoing
Milas IM Donald

THIS APPLICATION IS CONTINUED ON THE REVERSE SIDE

NOTICE OF ELECTION TO BE EXEMPT - Page 2 72 COP

SECTION 9. You must identify the workers' compensation insurance carrier that covers as	ny non-exempt employees of your
business. Carrier Name: FIRST COMMERCIAL INSURANCE CO.	

company (LLC) identified in se	ction 3 of this notice are covere	d by workers, combensation in	amance.	
Michael L. McDonal	d, President	313	50	, 4457 <u> </u>
TYPE/PRINT NAME OF PERSON	APPLYING FOR EXEMPTION	50CIAL S	RECURITY NU	MBER
Wil OPW- A	m 1	03/20/20	0 ' ፍ	
APPLICANT'S SI	GNATURE	03/20/20	DATE SICE	ŒŨ
NOTARY STATE OF FLORII	DA, COUNTY OF LEE			
Sworn to and subscribed before	me this 20th day of Mar	ch 20, 2006, by Mi	chael L	. McDonald
Personally Known X OR Produced NOTARY SIGNATURE	Produced IdentificationT artha face Drodee	ype of Identification WAMy Commission Expires	The state of the s	Martha Jane Brodeur My Commission DD21347 Expires May 16, 2007
application fee (construction	form, along with any attachm industry applicants only) pays to the District Office listed bel	able to the W.C.	Bffective/I	PE SI DI SI
12381 S. Cleveland Ave. Suite #506 Ft. Myers FL 33907 Telephone (239) 278-7239	921 N. Davis St. Building B, Suite #250 Jacksonville, FL 32209 Telephone (904) 798-5806	401 NW 2nd Ave. Suite #321 South Tower Miami FL 33128 Telephone (305) 536-0306	Expiration Control No	
1111 NE 25 th Ave. Suite #403 Ocala FL 34470 Telephone (352) 401-5350	400 West Robinson St. Room #211 North Tower Orlando FL 32801 Telephone (407) 245-0896	2686 Chapman Dr. Panama City FL 32405 Telephone (850) 747–5425	Postmark 1	
610 E. Burgess Road Pensacola, FL 32504-6320 Telephone (850) 453-7804	499 Northwest 70 th Avenue Suite #116 Plantation FL 33317 Telephone (954) 321-3143 ox (954) 321-3160	1718 Main St. Suite #201 Sarasots FL 34236 Telephone (941) 361-6022	Received	Date:
2012 Capital Circle SE Suite #102 Hartman Bidg. Tallahassee FL 32399-2161 Telephone (850) 414-1237 or (850) 488-2717	1313 N. Tampa St. Suite #503 Tampa FL 33602 Telephone (813) 221-6506	3111 South Dixie Hwy. Suite #123 West Palm Beach FL 33405 Telephone (561) 837-5412		

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SECTION 1: I am applying for exemption as a (Please check only one box in this section):			
CONSTRUCTION INDUSTRY "CORPORATE OFFICER" (\$50 APPLICATION FEE REQUIRED) Officer of a Corporation (Title):			
NON-CONSTRUCTION INDUSTRY "CORPORATE OFFICER" (NO FEE REQUIRED) Officer of a Corporation (Title): VICE_PRESIDENT)			
An officer electing an exemption under chapter 440 Florida Statutes is not entitled to benefits under this chapter.			
SECTION 2. To be eligible for an exemption, the corporation of which you are an officer or the limited liability company of which you are a member must be registered with the Division of Corporations of the Department of State. For applicants applying as an officer of a corporation, you must be listed as an officer of the Corporation with the Division of Corporations of the Department of State. Please list the registration number (document number shown on your Uniform Business Report) on file with the Division of Corporations. H 33072			
SECTION 3. This exemption application applies only to the <u>person</u> signing the application, the Corporation/LLC that is listed below, and the scope of business or trade listed: Corporation or LLC Name: <u>MANDHEL</u> INC. FEIN: 59-2606835 Telephone: 239/495-70 0			
Business Mailing Address: 10161 WALES LOOP City: Springs State: FL Zip: 34135 County: IFF.			
Scope of Business or Trade of Applicant: 1. NONE 2. 3. 4.			
SECTION 4. Please list all certified or registered licenses issued to the applicant pursuant to Chapter 489, F.S. (Contractor's License)			
SECTION 5. Does the county or municipality in which your business is located require an occupational license for your business Yes \(\subseteq \text{No} \) No IF YES, A COPY OF A CURRENT OCCUPATIONAL LICENSE MUST BE ATTACHED.			
SECTION 6. Are you affiliated with any corporation (including LLC) other than the corporation (including LLC) to which this application applies? [X Yes No IF YES, PLEASE LIST THE NAME(s) AND FEIN(s) OF THE AFFILIATED CORPORATION(s) OR LLC(s): NAME: Bonita Springs Village, Inc. FEIN: 59-3106804			
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SECTION 8. FRAUD NOTICE			
A. Any person who, knowingly and with intent to injure, defraud, or deceive the department or any employer or employee, insurance company or any other person, files a notice of election to be exempt containing any false or misleading information is guilty of a felony of the third degree. B. Attestation of applicant - By signing below, I attest that I have read, understand and acknowledge the foregoing notice.			
SIGNATURE OF AFFLICANT			
<i>"</i>			

THIS APPLICATION IS CONTINUED ON THE REVERSE SIDE

Aug. 2. 2004 4:35PM

FIRST COMMERCIAL INSURANCE

ATTACHMENT 3310 CO

SECTION 9, You must identify the workers' compensation insurance carrier that covers any non-exempt employees of your business. Carrier Name: FIRST COMMERCIAL INSURANCE, CO.

corporations as provided in §4	40.02 Florida Statutes; and that a ection 3 of this notice are covered	any non-exempt employees of d by workers' compensation in	the corporation or limited liability surance.
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JAMES KOETTER		3051	38 8556 SECURITY NUMBER
TYPE/PRINT NAME OF PERSO	N APPLYING FOR EXEMPTION	SOCIAL	SECURITY NUMBER
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(Sant le Fort		March	23. 2006
APPLICANT'S S	IGNATURE		23, 2006 NATE SIGNED
0	1		
NOTÅRY STATE OF FLORI	DA, COUNTY OF LEE		
Sworn to and subscribed befor	e me this 23rdiay of Ma	rch 2006 by Ja	mes Koetter
Personally Known X OR	Produced IdentificationT	ype of Identification	
Produced		•	Martha Jane Brodeur
			P A Commission DD213473
notary signature <u>///</u> /	2rthalane L Neder	My Commission Expires	Expires May 18, 2007
			O A
Please submit this completed	l form, along with any attachm	ents and a \$50.00	Historica (1988) had been been commissed the property of the commission of the commi
application fee (construction	industry applicants only) pays	ible to the W.C.	SECTION OF THE PROPERTY OF THE
	to the District Office listed bek	ow that is closest to your	Bffective/Issue Date:
place of business.			
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	11		
12381 S. Cleveland Ave.	921 N. Davis St.	401 NW 2nd Ave.	Expiration Date:
Suite #506	Building B, Suite #250	Suite #321 South Tower	ļ ⁻
Ft. Myers FL 33907	Jacksonville, FL 32209	Miami FL 33128	<u> </u>
Telephone (239) 278-7239	Telephone (904) 798-5806	Telephone (305) 536-0306	Control Number:
_		•	
1111 NE 25 th Ave.	400 West Robinson St.	2686 Chapman Dr.	
Sulte #403	Room #211 North Tower	Panama City FL 32405	Postmark Date:
Ocala FL 34470	Orlando FL 32801	Telephone (850) 747-5425	
Telephone (352) 401-5350	Telephone (407) 245-0896		
610 E. Burgess Road	499 Northwest 70th Avenue	1718 Main St.	Received Date:
Pensacola, FL 32504-6320	Suite #116	Suite #201	ł
Telephone (850) 453-7804	Plantation FL 33317	Sarasota FL 34236	1
2010/2000 (050) 405-7004	Telephone (954) 321-3143 or	Telephone (941) 361-6022	1
	(954) 321-3160		
2012 Capital Circle SE	1313 N. Tampa St.	3111 South Dixie Hwy.	1
Suite #102 Hartman Bldg.	Suite #503	Sulte #123	
Tallahassee FL 32399-2161	Tampa FL 33602	West Palm Beach FL 33405	(
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10161 Business Mailing AddressXXXX Wales Loop City: Bonita State: FI Zip34135 County: LFF.
Scope of Business or Trade of Applicant: 1. NONE 2. 3. 4,
SECTION 4. Please list all certified or registered licenses issued to the applicant pursuant to Chapter 489, F.S. (Contractor's License)
SECTION 5. Does the county or municipality in which your business is located require an occupational license for your business? Yes No IF YES, A COPY OF A CURRENT OCCUPATIONAL LICENSE MUST BE ATTACHED.
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Poly Coding

- Aug. 2. 2004 4:35PM

HOUTST COMMERCIAL INSURANCE ATTACHMENT 9910 P. 3
HOUTST OF ELECTION TO BE EXEMPT Page 272 COPY

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company (LLC) identified in se	ction 3 of this notice are covered	by workers' compensation in	surance.
ROBERT YEAGER			26 ,2425
TYPEFRINT NAME OF PERSON	APPLYING FOR EXEMPTION	SOCIAL	SECURITY NUMBER
Telas (Heagen	03/23/200	06
APPLICANT'S SI	and ture		DATE SIGNED
NOTARY STATE OF FLORIE	OA, COUNTY OF LEE		
Sworn to and subscribed before	me this 3rd day of March	, _2006, by Ro	bert Yeager
Personally Known X OR Produced NOTARY SIGNATURE	Produced Identification Ty	pe of Identification My Commission Expires	Martha Jane Brodeur My Commission DD21347 Expires May 18, 2007
application fee (construction	form, along with any attachmound industry applicants only) paya to the District Office listed belo	ble to the W.C.	Bffective/Issue Date:
12381 S. Cleveland Ave. Suite #506 Ft. Myers FL 33907 Telephone (239) 278-7239	921 N. Davis St. Bullding B, Suite #250 Jacksonville, FL 32209 Telephone (904) 798-5806	401 NW 2nd Ave. Suite #321 South Tower Miami FL 33128 Telephone (305) 536-0306	Expiration Date: Control Number:
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SECTION 1: I am applying for exemption as a (Please check only one box in this section): CONSTRUCTION INDUSTRY "CORPORATE OFFICER" (\$50 APPLICATION FEE REQUIRED) Officer of a Corporation (Title): NON-CONSTRUCTION INDUSTRY "CORPORATE OFFICER" (NO FEE REQUIRED) Officer of a Corporation (Title): Director/Secretary An officer electing an exemption under chapter 440 Florida Statutes is not entitled to benefits under this chapter. SECTION 2. To be eligible for an exemption, the corporation of which you are an officer or the limited liability company of which you are a member must be registered with the Division of Corporations of the Department of State. For applicants applying as an officer of a corporation, you must be listed as an officer of the Corporation with the Division of Corporations of the Department of State. Please list the registration number (document number shown on your Uniform Business Report) on file with the Division of Corporations. H 33072 SECTION 3. This exemption application applies only to the person signing the application, the Corporation/LLC that is listed below, and the scope of business or trade listed: FEIN: 59-2606835 Telephone: 239/495-7007 Corporation or LLC Name: MANDHEL, INC. Bonita City: Springs State: FL Zip:34135 County: LFF Business Mailing Address: 10161 WALES LOOP Scope of Business or Trade of Applicant: 1 SECTION 4. Please list all certified or registered licenses issued to the applicant pursuant to Chapter 489, F.S. (Contractor's License)_ SECTION 5. Does the county or municipality in which your business is located require an occupational license for your business? No IF YES, A COPY OF A CURRENT OCCUPATIONAL LICENSE MUST BE ATTACHED. SECTION 6. Are you affiliated with any corporation (including LLC) other than the corporation (including LLC) to which this application applies? Yes No IF YES, PLEASE LIST THE NAME(s) AND FEIN(s) OF THE AFFILIATED CORPORATION(s) OR NAME: BONITA SPRINGS VILLAGE, INC. FEIN: 59-3106804 SECTION 7. If your corporation or LLC is engaged in the construction industry, you must provide the required proof of ownership in the corporation or LLC. A. To be eligible for a construction industry exemption as an officer of a corporation, the applicant must be a shareholder, owning at least 10% of the stock of the corporation. A COPY OF A STOCK CERTIFICATE EVIDENCING THE REQUIRED OWNERSHIP MUST BE ATTACHED. B. To be eligible for a construction industry exemption as a member of a limited liability company (LLC), the applicant must confirm ownership of at least 10% of the company. THE REQUIRED OWNERSHIP MAY BE ESTABLISHED BY PRODUCTION OF DOCUMENTATION REFLECTING THE REQUIRED OWNERSHIP, OR BY SUBMITTING A NOTARIZED STATEMENT ATTESTING TO THE REQUIRED OWNERSHIP. FRAUD NOTICE **SECTION 8.** A. Any person who, knowingly and with intent to injure, defraud, or deceive the department or any employer or employee, insurance company or any other person, files a notice of election to be exempt containing any false or misleading information is guilty of a felony of the third degree. B. Attestation of applicant - By signing below, I attest that I have read, understand and acknowledge the foregoing

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Dauli Ch	Source		3-23-66 DATE SIGNED	•
APPLICANT'S S	IGNATURZ	1	DATE SIGNED	
NOTARY STATE OF FLORI				:
owoul to and subscribed befor	e me this 23rd day of March	, 2006, by Pa	uline R. Spea	rs
Produced:	exthatane Prodou		A Longo	ne Brodeur hission DD213473 lay 18, 2007
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SECTION 6. Are you affiliated with any corporation (including LLC) other than the corporation (including LLC) to which this		
application applies? Yes Do IF YES, PLEASE LIST THE NAME(s) AND FEIN(s) OF THE AFFILIATED CORPORATION(s) OR		
NAME: BONITA SPRINGS VILLAGE, INC, FEIN: 59-3106804		
SECTION 7. If your corporation or LLC is engaged in the construction industry, you must provide the required proof of ownership in the corporation or LLC.		
A. To be eligible for a construction industry exemption as an officer of a corporation, the applicant must be a shareholder, owning at least 10% of the stock of the corporation. A COPY OF A STOCK CERTIFICATE EVIDENCING THE		
REQUIRED OWNERSHIP MUST BE ATTACHED. B. To be eligible for a construction industry exemption as a member of a limited liability company (LLC), the applicant must confirm ownership of at least 10% of the company. THE REQUIRED OWNERSHIP MAY BE ESTABLISHED BY PRODUCTION OF DOCUMENTATION REFLECTING THE REQUIRED OWNERSHIP, OR BY SUBMITTING A NOTARIZED STATEMENT ATTESTING TO THE REQUIRED OWNERSHIP.		
SECTION 8. FRAUD NOTICE		
A. Any person who, knowingly and with intent to injure, defraud, or deceive the department or any employer or employee, insurance company or any other person, files a notice of election to be exempt containing any false or		
misleading information is guilty of a felony of the third degree.		
B. Attestation of applicant - By signing below, I attest that I have read, understand and acknowledge the foregoing notice.		
John Jall		
SIGNATURE OF APPLICANT		

SECTION 9. You must identify the workers' compensation insurance carrier that covers any non-exempt employees of your business. Carrier Name: FIRST COMMERCIAL INSURANCE, CO.

AFFIDAVIT OF APPLICANT: I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief; that this election does not exceed exemption limits for corporate officers, including any affiliated corporations as provided in §440.02 Florida Statutes; and that any non-exempt employees of the corporation or limited liability company (LLC) identified in section 3 of this notice are covered by workers' compensation insurance.

JOHN JARKE	354, 18, 1642
Type/print name of person applying for exemption	SOCIAL SECURITY NUMBER
APPLICANTE SIGNATURE	.03/23/2006 DATE SIGNED
NOTARY STATE OF FLORIDA, COUNTY OF LEE	
Swom to and subscribed before me this 23rd day of March	, 2006 , by John Jarke
Personally Known X OR Produced Identification Type of Produced NOTARY SIGNATURE Marthagane Dealem M	Identification Martha Jane Brodeur My Commission DD213473 Expires May 18, 2007

Please submit this completed form, along with any attachments and a \$50.00 application fee (construction industry applicants only) payable to the W.C. Administration Trust Fund, to the District Office listed below that is closest to your place of business.

12381 S. Cleveland Ave. 921 N. D.
Suite #506 Building
Ft. Myers FL 33907 Jacksonv
Telephone (239) 278-7239 Telephon

1111 NE 25th Ave. Suite #403 Ocaia FL 34470 Telephone (352) 401-5350

610 E. Burgess Road Pensacola, FL 32504-6320 Telephone (850) 453-7804

2012 Capital Circle SE Suite #102 Hartman Bldg. Tallahassee FL 32399-2161 Telephone (850) 414-1237 or (850) 488-2717 921 N. Davis St. Building B, Suite #250 Jacksonville, FL 32209 Telephone (904) 798-5806

400 West Robinson St. Room #211 North Tower Orlando FL 32801 Telephone (407) 245-0896

499 Northwest 70th Avenue Suite #116 Plantation FL 33317 Telephone (954) 321-3143 or

1313 N. Tampa St. Suite #503 Tampa FL 33602 Telephone (813) 221-6506

(954) 321-3160

1 :

401 NW 2nd Ave. Suite #321 South Tower Miami FL 33128 Telephone (305) 536-0306

2686 Chapman Dr. Panama City FL 32405 Telephone (850) 747-5425

Suite #201 Sarasota FL 34236 Telephone (941) 361-6022

1718 Main St.

3111 South Dixle Hwy, Suite #123 West Palm Beach FL 33405 Telephone (561) 837-5412

Effective/Issue Date:	
Expiration Date:	·
Control Number:	
Postmark Date:	· · · · · · · · · · · · · · · · · · ·
Received Date:	

40079778 ##133072

NOTICE OF ELECTION TO BE EXEMPT



SECTION 1: I am applying for exemption as a (Please check only one box in this section):				
CONSTRUCTION INDUSTRY "CORPORATE OFFICER" (\$50 APPLICATION FEE REQUIRED) Officer of a Corporation (Title):				
NON-CONSTRUCTION INDUSTRY "CORPORATE OFFICER" (NO FEE REQUIRED) Officer of a Corporation (Title): Director				
An officer electing an exemption under chapter 440 Florida Statutes is not entitled to benefits under this chapter.				
SECTION 2. To be eligible for an exemption, the corporation of which you are an officer or the limited liability company of which you are a member must be registered with the Division of Corporations of the Department of State. For applicants applying as an officer of a corporation, you must be listed as an officer of the Corporation with the Division of Corporations of the Department of State. Please list the registration number (document number shown on your Uniform Business Report) on file with the Division of Corporations. H 33072				
SECTION 3. This exemption application applies only to the <u>person</u> signing the application, the Corporation/LLC that is listed below, and the scope of business or trade listed: Corporation or LLC Name: MANDHEL, INC. FEIN: 59-2606835 Telephone: 239/495-7007				
Corporation or LLC Name: MANDHEL, INC. FEIN: 59-2606835 Telephone: 239/495-7007 Bonita State: FL zip: 34135 County: LEE				
Scope of Business or Trade of Applicant: 1. NONE 2. 3. 4,				
SECTION 4. Please list all certified or registered licenses issued to the applicant pursuant to Chapter 489, F.S. (Contractor's License)NONE				
SECTION 5. Does the county or municipality in which your business is located require an occupational license for your business? Yes No IF YES, A COPY OF A CURRENT OCCUPATIONAL LICENSE MUST BE ATTACHED.				
SECTION 6. Are you affiliated with any corporation (including LLC) other than the corporation (including LLC) to which this				
W Yes I No IF YES, PLEASE LIST THE NAME(s) AND FEIN(s) OF THE AFFILIATED CORPORATION(s) OF				
NAME: BONITA SPRINGS VILLEGE, INC. FEIN: 59-3106804				
SECTION 7. If your corporation or LLC is engaged in the construction industry, you must provide the required proof of ownership in the corporation or LLC.				
A. To be eligible for a construction industry exemption as an officer of a corporation, the applicant must be a shareholder, owning at least 10% of the stock of the corporation. A COPY OF A STOCK CERTIFICATE EVIDENCING THE REQUIRED OWNERSHIP MUST BE ATTACHED. B. To be eligible for a construction industry exemption as an officer of a corporation, the applicant must be a shareholder, owning at least 10% of the stock of the corporation. A COPY OF A STOCK CERTIFICATE EVIDENCING THE				
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B. Attestation of applicant - By signing below, I attest that I have read, understand and acknowledge the foregoing notice.				
Charle Engl				
SIGNATURE OF APPLICANT				

NOTICE OF ELECTION TO BE EXEMPT—Page 2

SECTION 9. You must identify the workers' compensation insurance carrier that covers any non-exempt employees of your business. Carrier Name: FIRST COMMERCIAL INSURANCE, CO.

CHARLES ENGEL		1317	. 22 .935/
TYPE/PRINT NAME OF PERSO	N APPLYING FOR EXEMPTION	SOCIAL	SECURITY NUMBER
		00000	
Glade Eng		(03/23/2006
APPLICANT'S	SIGNATURE		PALE SIGNED
NOTARY STATE OF FLOR	IDA, COUNTY OF LEE		
Swom to and subscribed before	re me this 23rd day of Marc	h , 2006 , by <u>Cl</u>	narles Engel
Produced	Produced IdentificationT	-	Martha Jane Brodeur My Commission DD21347 Expires May 18, 2007
notary signature <u>M</u>	with Jane Drodew	My Commission Expires	Torks Expires May 10, 2007
Administration Trest Fund, place of business.	a industry applicants only) pays to the District Office listed bel	ow that is closest to your	Bffective/Issue Date:
12381 S. Cleveland Ave. Suite #506 Ft. Myers FL 33907 Telephone (239) 278-7239	921 N. Davis St. Building B, Suite #250 Jacksonville, FL 32209	401 NW 2nd Ave. Suite #321 South Tower Miami FL 33128	Expiration Date: Control Number:
	Telephone (904) 798-5806	Telephone (305) 536-0306	Conuoi Numoer:
1111 NE 25 th Ave. Suite #403 Ocala FL 34470 Telephone (352) 401-5350	400 West Robinson St. Room #211 North Tower Orlando FL 32801 Telephone (407) 245-0896	2686 Chapman Dr. Panama Čity FL 32405 Telephone (850) 747-5425	Postmark Date:
610 E. Burgess Road Pensacola, FL 32504-6320 Telephone (850) 453-7804	499 Northwest 70 th Avenue Suite #116 Plantation FL 33317 Telephone (954) 321-3143 or (954) 321-3160	1718 Main St. Suite #201 Sarasota FL 34236 Telephone (941) 361-6022	Received Date:
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40079778 #H33072

NOTICE OF ELECTION TO BE EXEMPT

SECTION 1: I am applying for exemption as a (Please check only one box in this section):
CONSTRUCTION INDUSTRY "CORPORATE OFFICER" (\$50 APPLICATION FEE REQUIRED) Officer of a Corporation (Title):
NON-CONSTRUCTION INDUSTRY "CORPORATE OFFICER" (NO FEE REQUIRED) Officer of a Corporation (Title): **DERFICEDR** OFFICER TO THE REPORT OF THE
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SECTION 3. This exemption application applies only to the person signing the application, the Corporation/LLC that is listed below, and the scope of business or trade listed: Corporation or LLC Name: MANDHEL, INC. FEIN: 59-2606835 Telephone: 239/495-7007
Business Mailing Address: 10161 Wales Loop City: Bonita spagate: FL Zip: 34135 County: LEE
Scope of Business or Trade of Applicant: 1. NONE 2. 3. 4.
SECTION 4. Please list all certified or registered licenses issued to the applicant pursuant to Chapter 489, F.S. (Contractor's License) N/A
SECTION 5. Does the county or municipality in which your business is located require an occupational license for your business? Yes No IF YES, A COPY OF A CURRENT OCCUPATIONAL LICENSE MUST BE ATTACHED.
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A. Any person who, knowingly and with intent to injure, defraud, or deceive the department or any employer or employee, insurance company or any other person, files a notice of election to be exempt containing any false or misleading information is guilty of a felony of the third degree. B. Attestation of applicant - By signing below, I attest that I have read, understand and acknowledge the foregoing notice.
Claudla R Richardson

__Aus. 2. 2004 4:35PM

FIRST COMMERCIAL INSURANCE

ATTACHMENT ... 9910 P. 3

HOO79718 ##33072 COPY

SECTION 9. You must identify the workers' compensation insurance carrier that covers any non-exempt employees of your business. Carrier Name: FIRST COMMERCIAL INSURANCE COMPANY

company (LLC) identified in s	ection 3 of this notice are covere	d by workers' compensation in	surance.
Claudia Richardson TYPEPRINT NAME OF PERSON APPLICANT'S S	APPLYING FOR EXEMPTION	393 social 63/23/	SECURITY NUMBER 2006 DATE SIGNED
NOTARY STATE OF FLORI	DA, COUNTY OF		
Swom to and subscribed befor	e me this <u>23</u> day of <u>Ma</u>	rch ,2006, by C	laudia Richardson
	Produced IdentificationT		Martha Jane Brodeur My Commission DD213473 Expires May 18, 2007
application fee (construction	l form, along with any attachm industry applicants only) pays to the District Office listed bel	able to the W.C.	Bffective/Issue Date:
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