

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-02-2006 90418 044 \*\*\*150.00

|                                        |                                                                                   |
|----------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # H33072</b>               |  |
| 1. Entity Name<br><b>MANDHEL, INC.</b> |                                                                                   |

|                                                                                           |                                                                               |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Principal Place of Business<br><b>10161 WALES LOOP<br/>BONITA SPRINGS FL 33923<br/>US</b> | Mailing Address<br><b>10161 WALES LOOP<br/>BONITA SPRINGS FL 34135<br/>US</b> |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|



|                                                |                                    |
|------------------------------------------------|------------------------------------|
| 2. Principal Place of Business<br><b>Above</b> | 3. Mailing Address<br><b>Above</b> |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc.                |

1st MOORE CR2E034 (10/05)

|              |         |              |         |
|--------------|---------|--------------|---------|
| City & State |         | City & State |         |
| Zip          | Country | Zip          | Country |

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-2606835</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                                      |  |
|--------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br><b>BRODEUR, MARTHA J CAM<br/>10161 WALES LOOP<br/>BONITA SPRINGS FL 34135</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|--|

|                                                    |          |
|----------------------------------------------------|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name                                               |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City                                               |          |
| <b>FL</b>                                          | Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ **March 23, 2006**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

|                                                                                     |                                    |
|-------------------------------------------------------------------------------------|------------------------------------|
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> |
|-------------------------------------------------------------------------------------|------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                  |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>MCDONALD, MICHAEL<br>10591 WALES LOOP<br>BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>DONALDSON, NEIL<br>10700 WALES LOOP<br>BONITA SPRINGS FL 34135 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>YEAGER, ROBERT<br>10270 WALES LOOP<br>BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JARKE, JOHN<br>10440 WALES LOOP<br>BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>HILLOCK, VICKEY<br>10770 WALES LOOP<br>BONITA SPRINGS FL 34135 <input checked="" type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ENGEL, CHARLES<br>10651 WALES LOOP<br>BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete               |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DVP James Koetter<br>10240 Wales Loop<br>Bonita Springs, Fl 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DS Pauline Spears<br>10700 Wales Loop<br>Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 Statutes; 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**  
**SIGNATURE: *Michael I. McDonald*** **March 23, 2006** **239/495-7007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40079778

H33072

COPY

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

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 Koetter 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.

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

No.9910 P. 2

ATTACHMENT

**NOTICE OF ELECTION TO BE EXEMPT**

Please refer to the enclosed instructions before completing this form.

40079778

**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: \_\_\_\_\_) -OR- ☐ Member of a Limited Liability Company (LLC)**NON-CONSTRUCTION INDUSTRY "CORPORATE OFFICER" (NO FEE REQUIRED)**☒ Officer of a Corporation (Title: PRESIDENT)

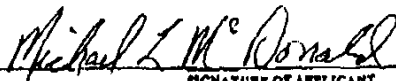
An officer electing an exemption under chapter 440 Florida Statutes is not entitled to benefits under this chapter.

**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 person signing the application, the Corporation/LLC that is listed below, and the scope of business or trade listed:Corporation or LLC Name: MANUEL, INC. FEIN: 59-2606835 Telephone: 239/495-7007Business Mailing Address: 10161 WALES LOOP City: Bonita Spg State: FL Zip: 34135 County: LEEScope 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 application applies?☒ 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**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.



SIGNATURE OF APPLICANT

**THIS APPLICATION IS CONTINUED ON THE REVERSE SIDE**

AUG. 2. 2004 4:35PM

FIRST COMMERCIAL INSURANCE

ATTACHMENT

No. 9910 P. 3

40079778

#33072

NOTICE OF ELECTION TO BE EXEMPT - Page 2

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 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.

Michael L. McDonald, President

TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION

Michael L. McDonald

APPLICANT'S SIGNATURE

313 / 50 / 4457

SOCIAL SECURITY NUMBER

03/20/2006

DATE SIGNED

NOTARY STATE OF FLORIDA, COUNTY OF LEE

Sworn to and subscribed before me this 20th day of March, 2006, by Michael L. McDonald

Personally Known X OR Produced Identification \_\_\_\_\_ Type of Identification  
Produced \_\_\_\_\_

NOTARY SIGNATURE Martha Jane Brodeur My Commission Expires \_\_\_\_\_



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.  
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

1111 NE 25<sup>th</sup> 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

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

499 Northwest 70<sup>th</sup> 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

2012 Capital Circle SE  
Suite #102 Hartman Bldg.  
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

| STATE USE ONLY        |
|-----------------------|
| Effective/Issue Date: |
| Expiration Date:      |
| Control Number:       |
| Postmark Date:        |
| Received Date:        |

**THIS APPLICATION IS CONTINUED FROM THE REVERSE SIDE**

AUG. 2. 2004 4:35PM

FIRST COMMERCIAL INSURANCE

ATTACHMENT

No. 9910

P. 2

40079778

# H 33072

**NOTICE OF ELECTION TO BE EXEMPT**

**COPY**

Please refer to the enclosed instructions before completing this form.

**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): \_\_\_\_\_ ) -OR- ☐ Member of a Limited Liability Company (LLC)

**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 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: 239/495-70 07

Business Mailing Address: 10161 WALES LOOP City: Bonita Springs 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) \_\_\_\_\_

**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 application applies?

☒ 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

**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.

  
SIGNATURE OF APPLICANT

**THIS APPLICATION IS CONTINUED ON THE REVERSE SIDE**

AUG. 2. 2004 4:35PM

FIRST COMMERCIAL INSURANCE

ATTACHMENT

40079778 #H33072 COPY  
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.

**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.

JAMES KOETTER

TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION

305, 38, 8556  
SOCIAL SECURITY NUMBER

James Koetter  
APPLICANT'S SIGNATURE

March 23, 2006  
DATE SIGNED

NOTARY STATE OF FLORIDA, COUNTY OF LEE

Sworn to and subscribed before me this 23rd day of March, 2006, by James Koetter

Personally Known X OR Produced Identification \_\_\_\_\_ Type of Identification  
Produced \_\_\_\_\_

NOTARY SIGNATURE Martha Jane Brodeur My Commission Expires May 18, 2007



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Telephone (941) 361-6022

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| STATE USE ONLY        |
|-----------------------|
| Effective/Issue Date: |
| Expiration Date:      |
| Control Number:       |
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**THIS APPLICATION IS CONTINUED FROM THE REVERSE SIDE**

40079778

#H33072

COPY

**NOTICE OF ELECTION TO BE EXEMPT**

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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): \_\_\_\_\_ -OR- ☐ Member of a Limited Liability Company (LLC)**NON-CONSTRUCTION INDUSTRY "CORPORATE OFFICER" (NO FEE REQUIRED)**☒ Officer of a Corporation (Title): Treasurer

An officer electing an exemption under chapter 440 Florida Statutes is not entitled to benefits under this chapter.

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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: 592606835 Telephone: 239/495-7007Business Mailing Address: 10161 Wales Loop City: Bonita Springs State: FL Zip 34135 County: LEEScope 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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☒ 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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- B. Attestation of applicant - By signing below, I attest that I have read, understand and acknowledge the foregoing notice.

Rob C. Goode  
SIGNATURE OF APPLICANT

**THIS APPLICATION IS CONTINUED ON THE REVERSE SIDE**

AUG. 2. 2004 4:35PM

FIRST COMMERCIAL INSURANCE

ATTACHMENT

WP. 9910

P. 3

40079778

#H33072

NOTICE OF ELECTION TO BE EXEMPT - Page 2

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 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.

ROBERT YEAGER

TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION

*Robert Yeager*  
APPLICANT'S SIGNATURE

211,26,2425

SOCIAL SECURITY NUMBER

03/23/2006

DATE SIGNED

NOTARY STATE OF FLORIDA, COUNTY OF LEE

Sworn to and subscribed before me this 23rd day of March, 2006, by Robert Yeager

Personally Known X OR Produced Identification \_\_\_\_\_ Type of Identification  
Produced \_\_\_\_\_



Martha Jane Brodeur  
My Commission DD213473  
Expires May 18, 2007

NOTARY SIGNATURE Martha Jane Brodeur My Commission Expires \_\_\_\_\_

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Telephone (850) 453-7804

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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

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Suite #102 Hartman Bldg.  
Tallahassee FL 32399-2161  
Telephone (850) 414-1237 or  
(850) 488-2717

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Suite #503  
Tampa FL 33602  
Telephone (813) 221-6506

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

| STATE BOARD ONLY      |
|-----------------------|
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**THIS APPLICATION IS CONTINUED FROM THE REVERSE SIDE**

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FIRST COMMERCIAL INSURANCE

ATTACHMENT

No. 9910

P: 2

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☐ Officer of a Corporation (Title): \_\_\_\_\_ -OR- ☐ Member of a Limited Liability Company (LLC)

**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:

Corporation or LLC Name: MANDHEL, INC. FEIN: 59-2606835 Telephone: 239/495-7007

Bonita

Business Mailing Address: 10161 WALES LOOP City: Springs 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) \_\_\_\_\_

**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 application applies?

☒ Yes ☐ No IF YES, PLEASE LIST THE NAME(S) AND FEIN(S) OF THE AFFILIATED CORPORATION(S) OR LLC(S): 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.



SIGNATURE OF APPLICANT

**THIS APPLICATION IS CONTINUED ON THE REVERSE SIDE**

AUG. 2. 2004 4:35PM

FIRST COMMERCIAL INSURANCE

ATTACHMENT

No. 9910

P. 3

40079778

#H33072

NOTICE OF ELECTION TO BE EXEMPT - Page 2

COPY

**SECTION 2.** 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.

PAULINE R. SPEARS

TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION

*Pauline R. Spears*  
APPLICANT'S SIGNATURE

315, 46, 0210  
SOCIAL SECURITY NUMBER

3-23-06  
DATE SIGNED

NOTARY STATE OF FLORIDA, COUNTY OF LEE

Sworn to and subscribed before me this 23rd day of March, 2006, by Pauline R. Spears

Personally Known X OR Produced Identification \_\_\_\_\_ Type of Identification  
Produced: \_\_\_\_\_

NOTARY SIGNATURE *Martha Jane Brodeur* My Commission Expires \_\_\_\_\_



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.

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**THIS APPLICATION IS CONTINUED FROM THE REVERSE SIDE**

40079778

#H33072

**NOTICE OF ELECTION TO BE EXEMPT****COPY**

Please refer to the enclosed instructions before completing this form.

**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): \_\_\_\_\_ -OR- ☐ Member of a Limited Liability Company (LLC)**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 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: 239/495-7007Business Mailing Address: 10161 WALES LOOP City: Bonita Springs State: FL Zip: 34135 County: LEEScope 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.

**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 LLC(S):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**

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- B. Attestation of applicant - By signing below, I attest that I have read, understand and acknowledge the foregoing notice.



SIGNATURE OF APPLICANT

**THIS APPLICATION IS CONTINUED ON THE REVERSE SIDE**

AUG. 2. 2004 4:35PM

FIRST COMMERCIAL INSURANCE

No. 9910 P. 3

40079778 ATTACHMENT

COPY

NOTICE OF ELECTION TO BE EXEMPT - Page 2

#H33072

**SECTION 2.** 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

TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION

354, 18, 1642

SOCIAL SECURITY NUMBER

*John Jarke*

APPLICANT'S SIGNATURE

03/23/2006

DATE SIGNED

NOTARY STATE OF FLORIDA, COUNTY OF LEE

Sworn to and subscribed before me this 23rd day of March, 2006, by John Jarke

Personally Known ☒ OR Produced Identification                      Type of Identification  
Produced                     

NOTARY SIGNATURE Martha Jane Brodeur My Commission Expires                     



Martha Jane Brodeur  
My Commission DD213473  
Expires May 18, 2007

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**THIS APPLICATION IS CONTINUED FROM THE REVERSE SIDE**

40079778 #H33072

**NOTICE OF ELECTION TO BE EXEMPT****COPY**

Please refer to the enclosed instructions before completing this form.

**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): \_\_\_\_\_ -OR- ☐ Member of a Limited Liability Company (LLC)**NON-CONSTRUCTION INDUSTRY "CORPORATE OFFICER" (NO FEE REQUIRED)**☒ Officer of a Corporation (Title): Director

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☐ 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?☒ Yes ☐ No **IF YES, PLEASE LIST THE NAME(S) AND FEIN(S) OF THE AFFILIATED CORPORATION(S) OR LLC(S):**NAME: BONITA SPRINGS VILLEE, 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.**
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- B. Attestation of applicant - By signing below, I attest that I have read, understand and acknowledge the foregoing notice.

Charles Engel

SIGNATURE OF APPLICANT

**THIS APPLICATION IS CONTINUED ON THE REVERSE SIDE**

AUG. 2. 2004 4:35PM

FIRST COMMERCIAL INSURANCE

ATTACHMENT No. 9910

P. 3

40079778

NOTICE OF ELECTION TO BE EXEMPT - Page 2

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, 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.

CHARLES ENGEL

TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION

Charles Engel

APPLICANT'S SIGNATURE

317, 22, 9356

SOCIAL SECURITY NUMBER

03/23/2006

DATE SIGNED

NOTARY STATE OF FLORIDA, COUNTY OF LEE

Sworn to and subscribed before me this 23rd day of March, 2006, by Charles Engel

Personally Known X OR Produced Identification \_\_\_\_\_ Type of Identification  
Produced \_\_\_\_\_

NOTARY SIGNATURE Martha Jane Brodeur My Commission Expires \_\_\_\_\_



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.

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**THIS APPLICATION IS CONTINUED FROM THE REVERSE SIDE**

Aug. 2. 2004 4:35PM

FIRST COMMERCIAL INSURANCE

ATTACHMENT

No.9910 P. 2

40079778 #H33072

COPY

**NOTICE OF ELECTION TO BE EXEMPT**

Please refer to the enclosed instructions before completing this form.

**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: \_\_\_\_\_) -OR- ☐ Member of a Limited Liability Company (LLC)

**NON-CONSTRUCTION INDUSTRY "CORPORATE OFFICER" (NO FEE REQUIRED)**

☒ Officer of a Corporation (Title: DIRECTOR)

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Corporation or LLC Name: MANDHEL, INC. FEIN: 59-2606835 Telephone: 239/495-7007

Business Mailing Address: 10161 Wales Loop City: Bonita Springs State: FL Zip: 34135 County: LEE

Scope of Business or Trade of Applicant: 1. NONE 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

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☒ 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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Claudia R. Richardson

SIGNATURE OF APPLICANT

**THIS APPLICATION IS CONTINUED ON THE REVERSE SIDE**

AUG. 2. 2004 4:35PM

FIRST COMMERCIAL INSURANCE

ATTACHMENT

No. 9910 P. 3

40079778

#33072

NOTICE OF ELECTION TO BE EXEMPT - Page 2

COPY

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Claudia Richardson

TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION

Claudia Richardson

APPLICANT'S SIGNATURE

393,40,4342

SOCIAL SECURITY NUMBER

03/23/2006

DATE SIGNED

NOTARY STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this 23 day of March, 2006, by Claudia Richardson

Personally Known X OR Produced Identification \_\_\_\_\_ Type of Identification  
Produced \_\_\_\_\_



Martha Jane Brodeur  
My Commission DD213473  
Expires May 18, 2007

NOTARY SIGNATURE Martha Jane Brodeur My Commission Expires \_\_\_\_\_

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