SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MIKON FINANCIAL SERVICES INC
6405 NW 36 ST. #125
MIAMI, FL 33166

9590 9402 9541 5121 5237 14

2. Article Number *(Transfer from service label)*
7112 0170 6470 0230 3992

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)* CABOTE

C. Date of Delivery 06/08/26

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

5990-2023 #1 07152026

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DORSET AT CENTURY VILLAGE CONDOMINIUM ASSOCIATION, INC.
C/O CREST MANAGEMENT GROUP RA
6413 CONGRESS AVENUE, SUITE 100
BOCA RATON , FL 33487

9590 9402 9541 5121 5303 47

2. Article Number *(Transfer from service label)*
7112 0170 6470 0230 3954

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

☐ Agent
☐ Addressee

B. Received by *(Printed Name)*
Sandy

C. Date of Delivery
04/04/26

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

5990-2023 #10 07152026

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form **3811**, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CEN-WEST COMMUNITIES, INC.
LEVY, MARK F RA
1601 FORUM PLACE , SUITE 500
WEST PALM BEACH , FL 33401

9590 9402 9541 5121 5303 54

2. Article Number *(Transfer from service label)*
7112 0170 6470 0230 3947

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)* Guisella Baron
C. Date of Delivery 1/6/26

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

5990-2023 #11 07152026

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CEN-WEST RECREATIONAL FACILITIES ASSOCIATION, INC.
CEN-WEST COMMUNITY SERVICES AND FACILITIES ASSOCIATION, INC.
19146 LYONS ROAD
BOCA RATON , FL 33434

9590 9402 9541 5121 5303 61

2. Article Number *(Transfer from service label)*
7112 0170 6470 0230 3930

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

5990-2023 #12 07152026

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

RECREATIONAL FACILITIES ASSOCIATION, INC.
LEV , RA
1601 FO , SUITE 500
WEST PALM , FL 33401

9590 9402 9541 5121 5303 78

2. Article Number *(Transfer from service label)*
7112 0170 6470 0230 3923

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Guisella Barron
C. Date of Delivery 6/4/26

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

5990-2023 #13 07152026

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. **Article Addressed to:**

W.P.R.F., INC.
LEVY, MARK F RA
1601 FORUM PLACE , SUITE 500
WEST PALM BEACH , FL 33401

9590 9402 9541 5121 5303 85

2. Article Number *(Transfer from service label)*
7112 0170 6470 0230 3916

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Guisella Barron

C. Date of Delivery 10/4/26

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

5990-2023 #14 07152026

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form **3811**, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

DER: *COMPLETE THIS SECTION*

mplete items 1, 2, and 3.

int your name and address on the reverse
that we can return the card to you.

ach this card to the back of the mailpiece,
n the front if space permits.

cle Addressed to:

IANA LASHBROOK
150 NE 26 AVE
OMPANO BEACH, FL 33062-4133
1150

9590 9402 9541 5121 5303 92

2. Article Number *(Transfer from service label)*
7112 0170 6470 0230 3909

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

5990-2023 #18 07152026

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt