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:
CITY OF BOYNTON BEACH
P.O. BOX 310
BOYNTON BEACH, FL 33425

9590 9402 5314 9154 1000 72

2. Article Number *(Transfer from service label)*
7112 0170 6470 0231 8088

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)* Ken Morisset
C. Date of Delivery 9/4/26

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

11955-2024 #10 10142026

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
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 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:
GULFSTREAM CONDOMINIUM ASSOCIATION, INC
2020 S. FEDERAL HWY.
BOYNTON BEACH, FL 33435

9590 9402 5314 9154 1001 02

2. Article Number *(Transfer from service label)*
7112 0170 6470 0231 8118

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Emlyn ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery 9/4/26

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

11955-2024 #13 10142026

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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 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:
JESUS GALLEGO
900 SCOTIA DR. APT. 202
HYPOLUXO, FL 33462-7030

9590 9402 5314 9154 1001 19

2. Article Number *(Transfer from service label)*
7112 0170 6470 0231 8125

COMPLETE ... ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Kevin Gallego | C. Date of Delivery 9/4/26

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

11955-2024 #14 10142026

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
- ☐ Return Receipt for Merchandise
- ☐ 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:
KEVIN GALLEGO
900 SCOTIA DR. APT. 202
HYPOLUXO, FL 33462-7030

9590 9402 5314 9154 1001 26

2. Article Number *(Transfer from service label)*
7112 0170 6470 0231 8132

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Kevin Gallego | C. Date of Delivery 9/4/26

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
9/4/26

11955-2024 #15 10142026

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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery