

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
19146 LYONS ROAD
BOCA RATON, FL 33434



9590 9402 4100 8092 3110 16

2. Article Number (Transfer from service label)

7112 0170 6470 0232 2764

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent

☐ Addressee

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

☐ No

ASSOCIATION, INC.

7111-2024 #14 11182026

3. Service Type

- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail (over \$500)
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Restricted Delivery

Domestic Return Receipt

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1. Article Addressed to:
CEN-WEST RECREATIONAL FACILITIES
LAVY, MARK F RA
1601 FORUM PLACE, SUITE 500
WEST PALM BEACH, FL 33401



9590 9402 4100 8092 3109 96

2. Article Number (Transfer from service label)
7112 0170 6470 0232 2788

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
☒ Addressee
B. Received by (Printed Name) C. Date of Delivery
10/9/20
D. Is delivery address different from item 1? ☒ Yes
☐ No

7111-2024 #16 11182026

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

Domestic Return Receipt

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1. Article Addressed to:

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



9590 9402 4100 8092 3062 72

2. Article Number (Transfer from service label)

7112 0170 6470 0232 2757

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ X

☐ Agent

B. Received by (Printed Name)

Camara

☐ Addressee

C. Date of Delivery

10/9/24

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☒ Yes
☐ No

7111-2024 #13 11182026

3. Service Type

- | | |
|--|---|
| ☐ Adult Signature | ☐ Priority Mail Express® |
| ☐ Adult Signature Restricted Delivery | ☐ Registered Mail™ |
| ☐ Certified Mail® | ☐ Registered Mail Restricted Delivery |
| ☐ Certified Mail Restricted Delivery | ☐ Return Receipt for Merchandise |
| ☐ Collect on Delivery | ☐ Signature Confirmation™ |
| ☐ Collect on Delivery Restricted Delivery | ☐ Signature Confirmation Restricted Delivery |
| ☐ Insured Mail | |
| ☐ Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

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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 4100 8092 3109 72

2. Article Number (Transfer from service label)

7112 0170 6470 0232 2801

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

W. P. R. F.

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

10/9/21

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

7111-2024 #18 11182026

3. Service Type

- | | |
|--|---|
| ☐ Adult Signature | ☐ Priority Mail Express® |
| ☐ Adult Signature Restricted Delivery | ☐ Registered Mail™ |
| ☐ Certified Mail® | ☐ Registered Mail Restricted Delivery |
| ☐ Certified Mail Restricted Delivery | ☐ Return Receipt for Merchandise |
| ☐ Collect on Delivery | ☐ Signature Confirmation™ |
| ☐ Collect on Delivery Restricted Delivery | ☐ Signature Confirmation Restricted Delivery |
| ☐ Insured Mail | |
| ☐ Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

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1. Article Addressed to:

FANSHAW AT CENTURY VILLAGE CONDOMINIUM ASSOCIATION, INC.
WASSERSTEIN, P.A. RA
301 YAMATO RD., STE. 2199
BOCA RATON, FL 33431

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Travis Rivera

C. Date of Delivery

10-9-26

D. Is delivery address different from item 1? ☐ Yes
☒ No

7111-2024 #21 11182026

3. Service Type

- | | |
|--|---|
| ☐ Adult Signature | ☐ Priority Mail Express® |
| ☐ Adult Signature Restricted Delivery | ☐ Registered Mail™ |
| ☐ Certified Mail® | ☐ Registered Mail Restricted Delivery |
| ☐ Certified Mail Restricted Delivery | ☐ Return Receipt for Merchandise |
| ☐ Collect on Delivery | ☐ Signature Confirmation™ |
| ☐ Collect on Delivery Restricted Delivery | ☐ Signature Confirmation Restricted Delivery |
| ☐ Insured Mail | |
| ☐ Insured Mail Restricted Delivery (over \$500) | |

2. Article Number (Transfer from service label)

7112 0170 6470 0232 2832

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

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1. Article Addressed to:
CEN-WEST COMMUNITY SERVICES AND
19146 LYONS ROAD
BOCA RATON, FL 33434



9590 9402 4100 8092 3110 09

2. Article Number (Transfer from service label)
7112 0170 6470 0232 2771

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
B. Received by (Print Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☒ No
FACILITY MANAGEMENT, INC. No

7111-2024 #15 11182026

3. Service Type

☐ Adult Signature	☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery	☐ Registered Mail™
☐ Certified Mail®	☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery	☐ Return Receipt for Merchandise
☐ Collect on Delivery	☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery	☐ Signature Confirmation Restricted Delivery
☐ Insured Mail (over \$500)	☐ Restricted Delivery

Domestic Return Receipt

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1. Article Addressed to:
CEN-WEST COMMUNITY SERVICES AND
LEVY, MARK F RA
1601 FORUM PLACE, SUITE 500
WEST PALM BEACH, FL 33401



9590 9402 4100 8092 3109 89

2. Article Number (Transfer from service label)

7112 0170 6470 0232 2795

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

10/9/24

D. Is delivery address different from item 1? ☐ Yes

FACTS INFORMATION, INC. NO

7111-2024 #17 11182026

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

Domestic Return Receipt

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1. Article Addressed to:
BANK OF AMERICA, N.A.
100 NORTH TRYON STREET
CHARLOTTE, NC 28255



9590 9402 9541 5121 5218 71

2. Article Number (Transfer from service label)

7112 0170 6470 0232 2726

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Micheal Feeney

☒ Agent

☐ Addressee

B. Received by (Print Name)

PS CALL 800-373-7273

C. Date of Delivery

10/12/2026

D. Is delivery address different from item 1? ☐ Yes ☒ No

If YES, enter delivery address below:

NO

OCT 12 2026

7111-2024 #1031182026

3. Service Type

☐ Adult Signature Restricted Delivery

☐ 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)

☐ Registered Mail

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

☐ Signature Confirmation Restricted Delivery

☐ Signature Confirmation Restricted Delivery

☐ Signature Confirmation Restricted Delivery

☐ Signature Confirmation Restricted Delivery

☐ Signature Confirmation Restricted Delivery

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1. Article Addressed to:

BANK OF AMERICA, NA
C T CORPORATION SYSTEM RA
1200 S PINE ISLAND RD
PLANTATION, FL 33324



9590 9402 4100 8092 3062 65

2. Article Number (Transfer from service label)

7112 0170 6470 0232 2818

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature **RECEIVED**

X **OCT 13 2026** ☐ Agent ☐ Addressee

B. Received by (Printed Name) **CT CORPORATION** C. Date of Delivery

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

7111-2024 #19 11182026

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 (over \$500)
- ☐ Insured Mail Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt