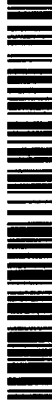


SENDER: COMPLETE THIS SECTION

- 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 CONDO
C/O DANIEL WASSERSTEIN ESQ.
WASSERSTEIN P.A., 301 YAMATO ROAD
BOCA RATON, FL 33341



9590 9402 9541 5121 5224 58

2. Article Number (Transfer from service label)

7112 0170 6470 0232 3358

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent
☐ Addressee

B. Received by (Printed Name)

Donna K. Lu

C. Date of Delivery

10-9-26

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

MINIMUM ASSOCIATION FEE:

SUITE 2199

7203-2024 #13 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
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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.
C/O LEVY, MARK F -RA
1601 FORUM PLACE, SUITE 500
WEST PALM BEACH, FL 33401



9590 9402 9541 5121 5218 26

2. Article Number (Transfer from service label)

7112 0170 6470 0232 3617

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Mark F Levy

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

10/2/24

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

If YES, enter delivery address below: ☐ No

7203-2024 #20 11182026

3. Service Type

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

Domestic Return Receipt

SEND FOR: 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
CEN-WEST COMMUNITY SERVICES AND
C/O LEVY, MARK F-RA, 1601 FORUM PL
WEST PALM BEACH, FL 33401



9590 9402 9541 5121 5218 19

2. Article Number (Transfer from service label)

7112 0170 6470 0232 3600

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
☒ X *[Signature]*
B. Received by (Printed Name) ☐ Addressee
[Signature] C. Date of Delivery *10/9/20*

D. Is delivery address different from item 1? ☐ Yes ☒ No
Signature of Agent/Address below:

ASSOCIATION, INC. PLACE, SUITE 500

7203-2024 #19 11182026

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

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.
C/O LEVY, MARK -RA
1601 FORUM PLACE, SUITE 500
WEST PALM BEACH, FL 33401



9590 9402 9541 5121 5217 89

2. Article Number (Transfer from service label)

7112 0170 6470 0232 3389

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent
☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

10/9/26

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

If YES, enter delivery address below: ☐ Yes ☐ No

7203-2024 #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
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

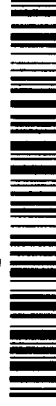
Domestic Return Receipt

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:

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



9590 9402 4100 8092 3059 09

2. Article Number (Transfer from service label)

7112 0170 6470 0232 3365

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) S. Savier C. Date of Delivery 10/19/26

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

MINIMUM ASSOCIATION INC.

7203-2024 #14 11182026

3. Service Type

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

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 5218 02

2. Article Number (Transfer from service label)

7112 0170 6470 0232 3594

PS Form 3811, July 2020 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

ASSOCIATION INC.

7203-2024 #18 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
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

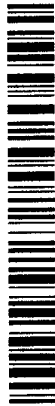
Domestic Return Receipt

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:

LVNV FUNDING, LLC
C/O ANDREU, PALMA, LAVIN & SOLIS P, LLC
887 DUNN RD ROSS ROAD
JUNO BEACH, FL 33408



9590 9402 4100 8092 3062 96

2. Article Number (Transfer from service label)

7112 0170 6470 0232 3372

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X George B.

- ☐ Agent
- ☐ Addressee

B. Received by (Printed Name)

George B.

C. Date of Delivery

10/01/24

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

7203-2024 #15 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

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:

BAUER, GUILLERREZ & BORBON PLLC
O/B/O ANTOINETTE MARTORANA
814 PONCE DE LEON BLVD., STE. 210
CORAL GABLES, FL 33134



9590 9402 9541 5121 5218 33

2. Article Number (Transfer from service label)

7112 0170 6470 0232 3632

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- ☒ 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

7203-2024 #21 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
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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:

BAUER, GUTIERREZ & BORBON PLCC
C/O JASON ROSS ESQ. O/B/O MARTORANA ESTATE
814 POINCE DELEON BLVD., STE. 210
CORAL GABLES, FL 33134



9590 9402 9541 5121 5217 96

2. Article Number (Transfer from service label)

7112 0170 6470 0232 3563

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- ☒ 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

ANA ESTATE

7203-2024 #17 11182026

3. Service Type

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

Domestic Return Receipt