

COMPLETE THIS SECTION ON DELIVERY

- | | | | |
|---|------------------------------------|---|---|
| A. Signature | <i>[Signature]</i> | C. Date of Delivery | <i>10/9/26</i> |
| ☒ Agent | ☐ Addressee | ☐ Yes | ☐ No |
| B. Received by (Printed Name) | <i>[Signature]</i> | D. Is delivery address different from item 1? | ☐ Yes
☐ No |
- MINUTE has entered delivery address below:

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

MINI/YES enter delivery address below:

MINIATURE SCIENCE BELLS



☐ Certified Mail®
☐ Certified Mail Restricted Delivery

Delivery

☐ Signature Confirmation™

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

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:

THE HORIZONS OF BOCA LAGO CONDOMINIUM ASSOCIATION, INC.
POLIAKOFF BACKER RA
2424 NORTH FEDERAL HIGHWAY, 462
BOCA RATON, FL 33431



9590 9402 9541 5121 5221 51

2. Article Number (Transfer from service label)

7112 0170 6470 0232 3655

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

A. Onofrey

C. Date of Delivery

10/13/36

D. Is delivery address different from item 1?

☐ Yes☐ No

7697-2024 #11 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

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

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:

ATTN: OCCUPANT
21741 CYPRESS DR., APT 45F
BOCA RATON, FL 07070-1233



9590 9402 9541 5121 5221 37

2. Article Number (Transfer from service label)

7112 0170 6470 0232 3631

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

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

7697-2024 #9 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