

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:

WOODSTOCK PROPERTY OWNERS ASSOCIATION
185 E. INDIANTOWN ROAD, SUITE 127
JUPITER, FL 33477



9590 9402 9541 5121 5225 02

2. Article Number (Transfer from service label)

7112 0170 6470 0232 6823

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X OCT 09 2026 ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

Attn: Marta Kosiorek
Community Financials
185 E. Indiantown Rd. Suite 127
Jupiter, FL 33477
21319-2024 #182026

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

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1. Article Addressed to:

WOODSTOCK PROPERTY OWNERS ASSOCIATION
1899 N. CONGRESS AVENUE
WEST PALM BEACH, FL 33401



9590 9402 9541 5121 5217 72

2. Article Number (Transfer from service label)

7112 0170 6470 0232 6854

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x FRANKLIN PEREZ

B. Received by (Printed Name)

C. Date of Delivery

10-9-26

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

OCIATYSENMENT delivery address below:

21319-2024 #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

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

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1 ATTACH HERE

1901 N CONGRESS AVE
WEST PALM BEACH, FL 33401-1648



9590 9402 9541 5121 5204 47

2 Article Number (Transfer from service label)
7112 0170 6470 0232 6779

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x C. Carlson

- ☐ Agent
- ☐ Addressee

B. Received by (Printed Name)

C. Carlson

C. Date of Delivery

10/9/26

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

21319-2024 #10 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

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1. Article Addressed to:
GCH HUNTER GROUP, CORP
1901 N CONGRESS AVE
WEST PALM BEACH, FL 33401-1648



9590 9402 9541 5121 5204 23

2. Article Number (Transfer from service label)
7112 0170 6470 0232 6755

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
x C. Adkins

B. Received by (Printed Name) C. Date of Delivery
10/9/26

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

21319-2024 #2 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	☐ Signature Confirmation™
☐ Collect on Delivery	☐ Signature Confirmation Restricted Delivery
☐ Collect on Delivery Restricted Delivery	☐ Signature Confirmation Restricted Delivery
☐ Insured Mail	☐ Insured Mail Restricted Delivery (over \$500)

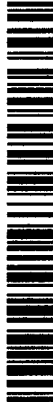
Domestic Return Receipt

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1. Article Addressed to:

GH HUNTER GROUP, CORP.
201 SOUTH BISCAYNE BOULEVARD, 28TH FLOOR
MIAMI, FL 33131



9590 9402 9541 5121 5217 65

2. Article Number (Transfer from service label)

7112 0170 6470 0232 6861

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent

☐ Addressee

B. Received by (Printed Name)

RE 10/13/26

C. Date of Delivery

☐ Yes

☐ No

D. Is delivery address different from item 1?

If YES, enter delivery address below:

21319-2024 #19 1182026

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

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1. Article Address Here
CITY OF WEST PALM BEACH
CITY ATTORNEY, P O BOX 3366
WEST PALM BEACH, FL 33402-3366



9590 9402 9541 5121 5204 54

2. Article Number (Transfer from service label)
7112 0170 6470 0232 6786

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

21319-2024 #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

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Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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.		A. Signature ☒ Agent ☐ Addressee X <i>[Signature]</i>	
1. Article Addressed to: WOODSTOCK PROPERTY OWNERS ASSOCIATION C/O ARTHUR E. LEWIS POLIAKOFF BACKER LLP, 2424 N. FEDERAL HIGHWAY, SUITE 462 BOCA RATON, FL 33431		B. Received by (Printed Name) C. Date of Delivery <i>A. Onofrey</i> <i>10/13/26</i>	
2. Article Number (Transfer from service label) 7112 0170 6470 0232 6830		D. Is delivery address different from item 1? ☒ Yes ☐ No OCIAT Yes Enter delivery address below: ☐ No 21319-2024 #16 11182026	
9590 9402 9541 5121 5224 96		3. Service Type ☐ Adult Signature ☐ Priority Mail Express® ☐ Adult Signature Restricted Delivery ☐ Registered Mail™ ☐ Certified Mail® ☐ Registered Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)	

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1. Complete and return to:
GREYHOUND
5002 DODGE ST, 203
OMAHA, NE 68132



9590 9402 9541 5121 5301 70

2. Article Number (Transfer from service label)
7112 0170 6470 0232 6718

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 10-13-24
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

21319-2024 #1 11182026

3. Service Type
☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☐ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail® Signature Confirmation™
☐ 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