

October 12, 2021

**NOTICE TO SURROUNDING PROPERTY OWNERS**

**McCARTHY  
SUMMERS  
WOOD  
NORMAN  
MELBY &  
SCHULTZ P.A.**  
*Attorneys at Law*

**Subject:** Request for a variance by Daniel and Marlena Husted to reduce the setback requirements of Article 3, Zoning Districts, Land Development Regulations, Martin County Code for the HB-1AA, Hotel Motel District to permit the construction of a single family residential dwelling and appropriate accessory structures on Lot 3, Galleon Bay, Hutchinson Island, between SR A1A and the Atlantic Ocean, Stuart, Florida.

**Legal Description:** Lot 3 Galleon Bay according to the Plat thereof recorded in Plat Book 10, Page 5, of the Public Records of Martin County, Florida.

**Dear Property Owner:**

As a landowner within 300 feet of the property identified in the legal description and shown on the map attached to this letter, please be advised that consideration of a request for a variance as noted above will occur at a public hearing.

The date, time and place of the scheduled hearing are as follows:

**BOARD OF ZONING ADJUSTMENT**

**Date:** Thursday, October 28, 2021  
**Time:** 7:00 P.M. or as soon as it can be heard after this time  
**Place:** Martin County Administrative Center, Commission Meeting Room, First Floor, 2401 S.E. Monterey Road, Stuart, Florida 34996

All interested persons are invited to attend and be heard. Persons with disabilities who need an accommodation in order to participate in this proceeding are entitled, at no cost, to the provision of certain assistance. This does not include transportation to and from the meeting. Please contact the Office of the ADA Coordinator at (772) 320-3131, or the Office of the County Administrator at (772) 288-5400, or in writing to 2401 SE Monterey Road, Stuart, FL 34996, no later than three days before the meeting date. This notification can be reproduced in an alternative format upon request by contacting the Office of the ADA Coordinator at (772) 320-3131. Persons using a TTY device, please call 711 Florida Relay Services.

Terence P. McCarthy \*  
Robert P. Summers \*  
Steven J. Wood \*\*  
Kenneth A. Norman  
Nicola J. Boone Melby \*\*\*  
Owen Schultz  
Margaret E. Wood

Donna R. McMillan  
Jessica M. VanValkenburgh  
Christen Spake  
Kimberly A. Ryan  
David A. Lewis

*\*Board Certified  
Real Estate Lawyer*

*\*\*Board Certified Wills,  
Trusts & Estates Lawyer*

*\*\*\*Board Certified  
Elder Law Lawyer*

McCARTHY, SUMMERS, WOOD,  
NORMAN, MELBY & SCHULTZ, P.A.

October 12, 2021  
Page 2

When attending a public hearing, a member of the public may speak during the public comment portion of the public hearing. A person may also participate in the public meeting as an Intervenor. An Intervenor may ask questions of the staff, applicant and give testimony on the subject of the public hearing. In order to be an Intervenor, a person must qualify to receive mailed notice of the subject application in accordance with Section 10.6.E., Land Development Regulations, Martin County Code. In addition, an Intervenor must file a form of intent with the County Administrator not less than 7 business days prior to the Board of Zoning Adjustment meeting. No fee will be assessed on Intervenor. If the Intervenor is representing a group/association, he/she must file a letter on official letterhead signed by an authorized representative of the group/association, stating the he/she is authorized to speak for the group. Forms are available on the Martin County website [www.martin.fl.us](http://www.martin.fl.us). Any documentation, including all dvd, cd or video cassette tapes, intended to be proffered as evidence must be submitted to the Growth Management Department at least 7 business days prior to the meeting.

If any person decides to appeal any decision made with respect to any matter considered at the meetings or hearings of any board, committee, agency, council or advisory group, that person will need a record of the proceedings and, for such purpose, may need to ensure that a verbatim record of the proceedings is made, which record should include the testimony and evidence upon which the appeal is to be based.

For further information, please call the Growth Management Department at 772-288-5495. All written comments should be sent to Matt Stahley, Principal Planner, (e-mail: [mstahley@martin.fl.us](mailto:mstahley@martin.fl.us)) or 2401 SE Monterey Road, Stuart, FL 34996. Copies of the item will be available from the Growth Management Department.

Sincerely,

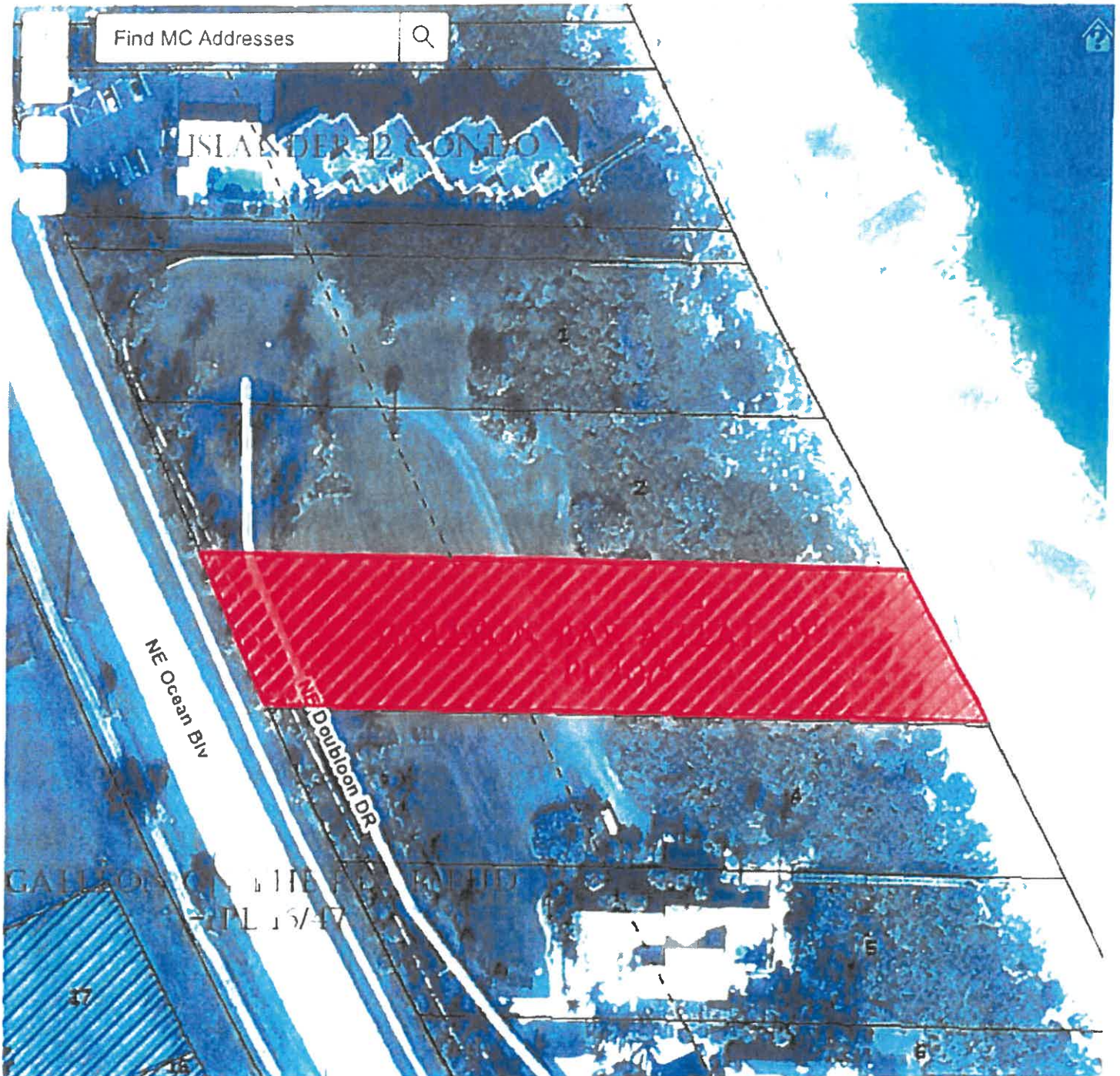


Christen Spake, Esquire  
[cls@mccarthysummers.com](mailto:cls@mccarthysummers.com)  
CLS/dd

Attachments: Location Map  
Site Plan

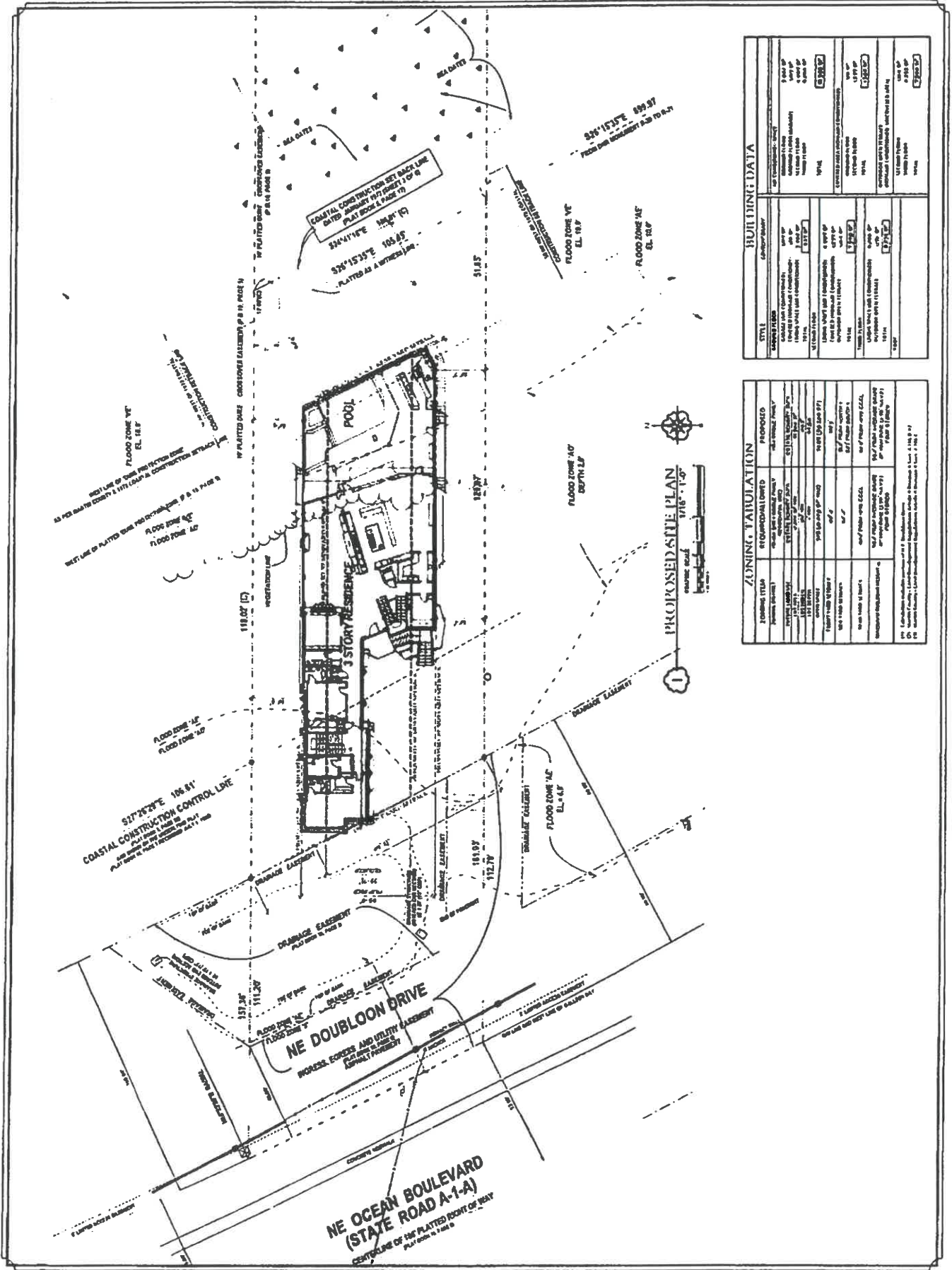


MC Parcel Sales



100ft

27°13'15"N 80°10'30"W





7017 1070 0000 2649 7858

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☐ Adult Signature Restricted Delivery \$

Postage

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Total Postage

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1289 NE OCEAN BLVD LLC

Street and

9266 KETAY CIR

City, State

BOCA RATON FL 33428

City, State

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



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☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage

\$

Sent To

BECKWITH MARK & BECKWITH PATRICIA

Street and

1185 NE DOUBLOON

City, State

STUART FL 34996

City, State

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



**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.
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1. Article Addressed to:

GRIGO DOREEN  
 871 COUNTY RD 39  
 SOUTHAMPTON NY 11968



9590 9402 6806 1074 6600 66

2. Article Number (Transfer from article label)

7017 1070 0000 2649 7865

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X K. F. RGR

☐ Agent

☐ Addressee

B. Received by (Printed Name)

GRIGO

C. Date of Delivery

10-15

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

C.V.19

3. Service Type

☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Mail Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☒ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

HV 3

## 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:

ALEM HI LLC  
235 GREAT NECK RD  
GREAT NECK NY 11021



9590 9402 6806 1074 6602 19

2. Article Number (Transfer from service label)

7017 1070 0000 2649 7872

## 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

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Restricted Delivery

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☒ Signature Confirmation™☐ Signature Confirmation Restricted Delivery☐ 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:

CHAVARRIA JOYCE GRANDACHAVARRIA  
MARLON ANTONIO  
7870 SW 182ND TERR  
PALMETTO BAY FL 33157



9590 9402 6806 1074 6602 26

2. Article Number (Transfer from service label)

7017 1070 0000 2649 7896

## 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

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Restricted Delivery

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☒ Signature Confirmation™☐ Signature Confirmation Restricted Delivery☐ 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:

GUMM CHRISTOPHER CGUMM VANESSA V  
2336 SE OCEAN BLVD #356  
STUART FL 34996



9590 9402 6806 1074 6602 33

2. Article Number (Transfer from service label)

7017 1070 0000 2649 7933

## 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

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Restricted Delivery

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☒ Signature Confirmation™☐ Signature Confirmation Restricted Delivery☐ 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:

ALEM HI LLC  
235 GREAT NECK RD  
GREAT NECK NY 11021



9590 9402 6806 1074 6602 71

7015 3010 0000 0570 1932

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent  
☒ Addressee  
X *[Signature]*

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

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

PS Form 3811, July 2020 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:

CRAMER RICHARD JOHN IICRAMER  
KATHRYN LYNN  
10265 BENNETT LAKE RD  
FENTON MI 48430



9590 9402 6806 1074 6624 97

7015 3010 0000 0570 1925

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
☒ Addressee  
X *[Signature]*

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

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

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

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☐ Return Receipt (hardcopy) \$  
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☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage

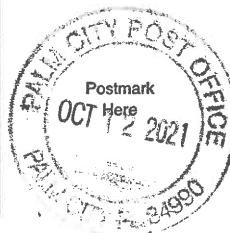
\$  
Total

\$  
Sent

Street

City

HUSTED DANIELHUSTED MARLENA  
1345 SE ST LUCIE BLVD  
STUART FL 34996



7015 3010 0000 0570 1918

PS Form 3811

Instructions



## 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:

ALEM HI LLC  
235 GREAT NECK RD  
GREAT NECK NY 11021



9590 9402 6806 1074 6625 03

2. Article Number (Transfer from service label)

7015 3010 0000 0570 1901

## 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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery 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:

FILJON JAKOFILJON ELDA  
669 NE PLANTATION RD #405  
STUART FL 34996



9590 9402 6806 1074 6690 83

2. Article Number (Transfer from service label)

7015 3010 0000 0570 1895

## 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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery 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:

ISLANDER TWELVE ASSOCIATION INC  
100 CLINTON DR  
NORTH KINGSTOWN RI 02852



9590 9402 6806 1074 6690 90

2. Article Number (Transfer from service label)

7015 3010 0000 0570 1871

## 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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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## 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.
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1. Article Addressed to:

ALEM HI LLC  
235 GREAT NECK RD  
GREAT NECK NY 11021



9590 9402 6806 1074 6601 65

2. Article Number (Transfer from service label)

7015 3010 0000 0570 1987

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *John Doe*

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

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  
☐ Registered Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☒ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

all Restricted Delivery

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☐ Adult Signature Restricted Delivery \$

Post

\$

Total

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Sent

Stn

City, State, ZIP+4®

FISCHER, WILLIAM M  
1289 OCEAN BLVD #12  
STUART FL 34996

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



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☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postmark

\$

Total

\$

Sent

Street

City, State, ZIP+4®

MARTIN COUNTY  
2401 SE MONTEREY RD  
STUART FL 34996

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



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- Attach this card to the back of the mailpiece, or on the front if space permits.

1.

ALEM HI LLC  
235 GREAT NECK RD  
GREAT NECK NY 11021



9590 9402 6806 1074 6601 96

2. Article Number (Transit)

7015 3010 0000 0570 1954

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

## 3. Service Type

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

HV 19

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☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage

\$

Total P

\$

Sent To

Street

City, St.

GALLEON BAY OWNERS ASSOCIATION INC  
PO BOX 531  
HOBE SOUND FL 33475

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



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- 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

MICHAEL J PROVENZANO III REVOCABLE  
TRUST OF 2005 & ERICA A PROVENZANO  
REVOCABLE TRUST OF 2012  
1165 NE DOUBLOON DR  
STUART FL 34996



9590 9402 6806 1074 6600 73

2. Article Number (Transit)

7015 3010 0000 0570 1888

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

## 3. Service Type

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

HV 21

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1.</p> <p>ALEM HI LLC 235 GREAT NECK RD GREAT NECK NY 11021</p>	<p>A. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <u>[Signature]</u></p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p>7015 3010 0000 0570 1994</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Mail Restricted Delivery</p> <p>HV 22</p>

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

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**OFFICIAL USE**

Certified Mail Fee \$ \_\_\_\_\_

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$ \_\_\_\_\_

☐ Return Receipt (electronic) \$ \_\_\_\_\_

☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_

☐ Adult Signature Required \$ \_\_\_\_\_

☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Seal \$ \_\_\_\_\_

Str \$ \_\_\_\_\_

City, \_\_\_\_\_

GALLEON ON THE RIVER PROPERTY OWNER:  
ASSOCIATION INC  
3835 NW BOCA RATON BLVD #200  
BOCA RATON FL 33431

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PALM CITY POST OF  
OCT 14 2021  
PALM CITY FL 34990

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to</p> <p>PURELOGIX LLC 649 TANBRIDGE RD WILMINGTON NC 28405</p>	<p>A. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <u>[Signature]</u></p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p>7015 3010 0000 0570 2014</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p>HV 24</p>

PS Form 3811, July 2020 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:

AMBER TRUST 2006  
3601 SE OCEAN BLVD SUITE 005  
STUART FL 34996



9590 9402 6806 1074 6601 10

2. Article Number (Transfer from service label)

7015 3010 0000 0570 2021

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

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

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

all Restricted Delivery

HV 25

Domestic Return Receipt

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Certified Mail Fee

\$

Extra Services &amp; Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

\$

Total P

\$

Sent To

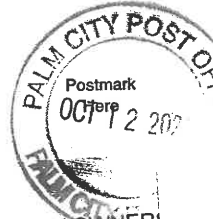
Street a

City, Sta

GALLEON ON THE RIVER PROPERTY OWNER:  
ASSOCIATION INC  
3835 NW BOCA RATON BLVD #200  
BOCA RATON FL 33431

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Certified Mail Fee

\$

Extra Services &amp; Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

\$

Tot

\$

Ser

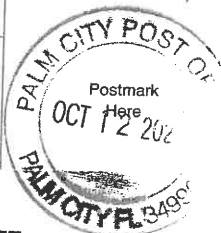
Str

City

RICHMAN BARRY RICHMAN JANET  
1145 NE DOUBLOON DR  
STUART FL 34996

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input checked="" type="checkbox"/> <i>M. Beckwith</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1 Article Addressed to:</p> <p>BECKWITH MARK J            BECKWITH PATRICIA J            13 STONEWALL LN            RIDGEFIELD CT 06877</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery            10-16-21</p>	
<p>2 Article Number (Transfer from service label)            7017 1070 0000 2649 8213</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>9590 9402 6806 1074 6601 41</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

7017 1070 0000 2649 8220

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**OFFICIAL USE**

Certified Mail Fee  
 \$ \_\_\_\_\_

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage  
 \$ \_\_\_\_\_

Postmark Here

GALLEON ON THE RIVER PROPERTY OWNER:  
 ASSOCIATION INC  
 3835 NW BOCA RATON BLVD #200  
 BOCA RATON FL 33431

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1070 0000 2649 8237

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**OFFICIAL USE**

Certified Mail Fee  
 \$ \_\_\_\_\_

Extra Services & Fees (check box, add fee as appropriate)

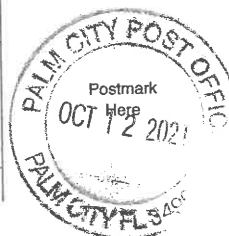
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage  
 \$ \_\_\_\_\_

Total  
 \$ \_\_\_\_\_

SAMADDER GAUTAM K & ANJANA  
 3842 LAMBTON PL  
 NEW ALBANY OH 43054

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7017 1070 0000 2649 8244

U.S. Postal Service™  
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 Domestic Mail Only

31

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**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

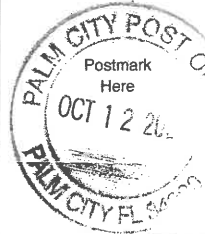
Total

\$ SENA CARLA APALMER JEFF D

Sent 1289 NE OCEAN BLVD #9

Street STUART FL 34996

City,



PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7017 1070 0000 2649 8251

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

32

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**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

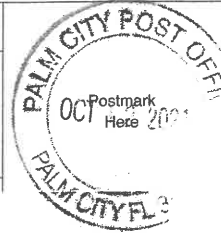
Total

\$ SMITH ANDREW J SR SMITH KATHLEEN A

Sent 1289 NE OCEAN BLVD #3

Street STUART FL 34996

City,



PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7017 1070 0000 2649 8268

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

33

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**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

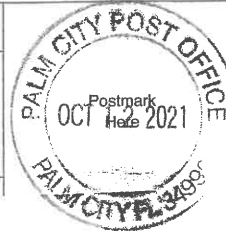
Total

\$ SUNDOK JASONSUNDOK KIMBERLY

Sent 149 RENDONO WAY

Street WELLINGTON FL 33414

City,



PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions