

MICROFILMING INFORMATION SHEET

TO: LASON
4920 West Cypress Street, Suite 108
Tampa Fl 34228

FROM: Town of Longboat Key
Town Clerk Department
501 Bay Isles Road
Longboat Key Fl 34228

DATE: 06-08-01

SUBJECT: Microfilming

Please index the attached collection of records utilizing the following language and placing this language in the upper right hand corner of each image:

7100 Longboat Court

The database should include the following three fields:

VAR 843

Roll # 30

Image # 293

This collection of records should be placed on the following film type:

16 mm

35 mm

Total number of pages in this collection: _____

If there are questions regarding the collection of records that are to be microfilmed please contact Jo Ann Dunay-Mixon, Deputy Clerk Records, at 941-316-1999.

Joann

Video Tape Needed
to go with this file.

06-08-01



PETITION FOR VARIANCE

FILE

Date Filed _____ Receipt # (\$390.00) _____ Petition No. _____

THE APPLICANT IS REQUIRED TO SUBMIT TWELVE (12) ORIGINAL PLUS ELEVEN (11) COPIES INDIVIDUALLY COLLATED SETS OF THIS APPLICATION, SUPPORTING PLANS AND DOCUMENTS.

(I) (We) KLL Company of P.O. Box 1080
(name) (mailing address)

Longboat Key, Florida 34228 request a Variance from Section (a) 158 155

of the Town of Longboat Key Zoning Ordinance to construct a 238.92 square foot dock with lifts where the outer lift pile extends 57 feet from the seawall. This will replace an existing 102.12 square foot dock with*
(Brief description, i.e., to reduce side yard from 20' to 15')

Subject property is located at 7100 E. Longboat
(street number location)

The legal description is as follows: _____
(Lot(s)) (Block) (Subdivision or Plot)

or Lot 6, Block 21, LONGBEACH ON LONGBOAT KEY, Recorded in the
(if otherwise legally described)

Plat Book 6, Page 66, Public Records of Manatee County, Florida.**
LIST OF NAMES AND ADDRESSES OF ALL OWNERS OF PROPERTY WITHIN A DISTANCE OF 300 FT. FROM THE OUTSIDE EDGES OF THE PROPERTY INVOLVED WILL BE PROVIDED BY THE TOWN.

Provided by the Town of Longboat Key

(I) (WE) believe that the Zoning Board of Adjustment should grant this Variance pursuant to Section 158.029 of the Town Code because all of the following criteria are factually supported in this petition:

- (1) Special conditions and circumstances exist which are peculiar to the land, structure, or building involved and which are not applicable to other lands, structures, or buildings in the same zoning district.
- (2) The special conditions and circumstances do not result from the actions of the applicant.
- (3) Granting the variance requested will not confer on the applicant any special privilege that is denied by Chapter 158 to other lands, buildings, or structures in the same zoning district.
- (4) Literal interpretation of the provisions of Chapter 158 would deprive the applicant of rights commonly enjoyed by other properties in the same zoning district under the terms of Chapter 158 and would work unnecessary and undue hardship on the applicant.
- (5) The variance granted is the minimum variance that will make possible the reasonable use of the land, building or structure.
- (6) The grant of the variance will be in harmony with the general intent and purpose of Chapter 158, and the variance will not be injurious to the area involved or otherwise detrimental to the public welfare.

*accompanying mooring post which extends 60 feet from the seawall.

**Being in Section 15, Township 35 South, Range 16 East, Manatee County, Florida.

STATE SEPARATELY HOW EACH OF THE ABOVE SIX (6) CRITERIA ARE FACTUALLY PRESENT IN YOUR VARIANCE REQUEST:

See Attachment.

(ATTACH EXTRA SHEET, IF NECESSARY)

(I) (WE) understand that this Petition becomes a part of the permanent records of the Zoning Board of Adjustment. (I) (WE) hereby certify that the above statements and the statements or showings made in any paper or plans submitted herein are true to the best of (my) (our) knowledge and belief.

Vathine Lee (K.L.H. Company)
(Signature of Owner)

K.L.H. Company
(Please print or type Owner's Name)

Mailing address you wish information sent to and telephone number:

P.O. Box 1080
Longboat Key, Fla. 34228

Contact Person: _____

Phone # (941) 365-6476

Fax # (941) 957-1388

Kristy V. Tignor, P.E.
The Tignor Group, P.A.
200 South Washington Blvd., Suite 3
Sarasota, Florida 34236
(941) 365-6476

The Owner has hereby designated the above signed person to act as his agent in regard to this Petition. (To be executed when Owner designates another to act on his behalf.)

The contents of this Petition are sworn to and subscribed before me this _____ day of _____, 19____.

(Notary Public)

PETITION

Regarding PETITION #6-96 by KLL Company requesting a Variance from Section 158.155 of the Town of Longboat Key Zoning Code to construct a 238.92 square foot dock, with lifts where the outer lift pile extends 57 feet from the seawall. (This will replace an existing 102.12 square foot dock with accompanying mooring post which extends 60 feet from the seawall) located at 7100 Longboat Drive East. (THIS PETITION WAS CONTINUED FROM THE 7-11-96 ZBA MEETING).

We, the undersigned, believe Petition #6-96 by KLL Company should not be granted for the following reasons:

- We feel there is no hardship.
- We feel it is not in harmony with the neighborhood.
- We feel it is a special privilege.
- We feel actions of the applicant are not necessary.
- We feel no properties in the same zoning district commonly enjoy the provisions of Chapter 158.
- We feel the structures are unreasonably overbuilt.
- We feel the variance will be detrimental to the public welfare.

NAME	ADDRESS	PHONE
Ronald J. Kirkpatrick	405 South Center Gaylord, MI 49735	

or

Linda J. Kirkpatrick	405 South Center Gaylord, MI 49735	
----------------------	---------------------------------------	--

Signature *Ronald J. Kirkpatrick* 8/31/96

Signature *Linda J. Kirkpatrick*



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Name (Printed)	Address	Signature
Judy Beall	730 Longboat Ct LBK	Judith M Beall
Bill Beall	730 Longboat Ct LBK	William R. Beall
MARY WICKERSHAM	729 Fox ST LK	Mary Wickersham
Bud & Maureen	7100 L.B.K.E.	
Paul & Denise Lynch	770 Russell ST. L.K.	
Neil Gardner	61206 RD	
Ron Coleman	7099 Longboat Key	Ray Coleman
Mary C. Winters	760 Longboat Ct	MARY C WINTERS



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Name (Printed)	Address	Signature
PHILIP M. WINKELSPRECHT	761 FOX ST	Philip Winkelsprecht
BETH WINKELSPRECHT	761 FOX ST	Beth Winkelsprecht
MARGA WALKER	624 S.W. JAMES DR.	Marga Walker
GEORGE QUATROMANI	784 ST. SIDNEY DR.	George Quatromani
RUSTY CHINNIS	791 LONGBOAT DR. N.	Rusty Chinnis
NANCY L. STAFFORD	771 JOLY ST. L6K, FL	Nancy L. Stafford
CHRISTINE SKILLIEN	7091 LONGBOAT DR. E.	Christine Skillien
DARCY B. ARPKE	620 CEDAR ST. L6K	Darcy B. Arpke
WENDY COLLINS	700 LONGBOAT CT.	Wendy Collins
MARK DEBENE MARTELLO	6516 BAYVIEW HARBOR RD.	Mark Martello

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Name (Printed)	Address	Signature
<i>Charles J. Alexander, JR.</i>	<i>7140 Longboat Dr E</i>	<i>Charles J. Alexander, JR.</i>
<i>DIANE D. ALEXANDER</i>	<i>7140 Longboat Dr E</i>	<i>Diane D. Alexander</i>
<i>Ray Ayer</i>	<i>690 Beach St</i>	
<i>Mary Wickert</i>	<i>731 Bay St</i>	<i>SBK 71</i>
<i>Glenn M. Schetter</i>	<i>7140 Longboat Dr. E.</i>	
<i>Edmund Schetter</i>	<i>7140 Longboat Dr. E.</i>	
<i>246 Jeff Ginter</i>	<i>2700 380 Ave W, Bradenton FL 34205</i>	
<i>Ann B. Rosh</i>	<i>777 Lonsense Dr. Longboat Key Fla 34228</i>	
<i>Anna Kelly</i>	<i>6850 Pine Street Longboat Key FL 34228</i>	
<i>D J A. Miller</i>	<i>6850 Pine St Longboat Key FL 34228</i>	

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NAME

ADDRESS

PHONE

Peter J. Walker

⁵⁵¹
PO Box ~~1067~~
Cortez, FL 34215

794-8382

or Margaret A. Walker

⁵⁵¹
PO Box ~~1067~~
Cortez, FL 34215

794-8382

Signature

Peter J. Walker

Signature

Margaret A. Walker



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NAME

ADDRESS

PHONE

Michael O'Conner

6508 Heritage Lane
Bradenton, FL 34209

or

Avis L. O'Conner

6508 Heritage Lane
Bradenton, FL 34209Signature Michael O'ConnerSignature Avis L. O'Conner

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NAME

ADDRESS

PHONE

Elizabeth Riedinger

PO Box 6204

383-5913

Alfred Riedinger

Longboat Key, FL 34228

(791 Russett St.)

Signature

Elizabeth Riedinger

Signature

Alfred Riedinger



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NAME

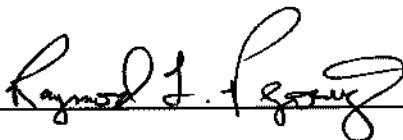
ADDRESS

PHONE

Raymond L. Pezowicz

423 Hemlock Street
Roselle Park, NJ 07204

Signature

 826-96

Signature _____



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NAME

ADDRESS

PHONE

The Pink House Company, LTD.

5370 Gulf of Mexico Drive
Longboat Key, Florida 34228

Signature

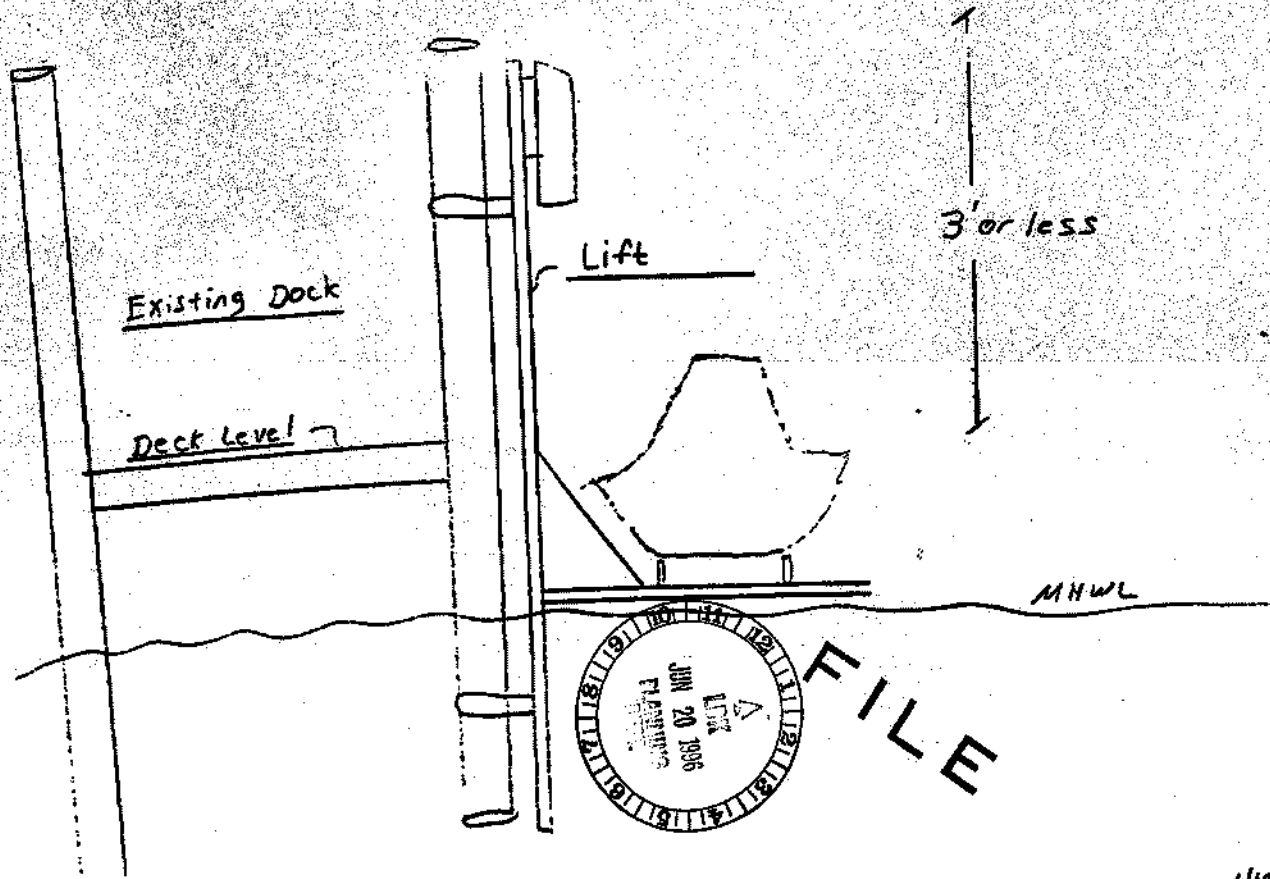
Egyptal S. Johnson

As agent for the Pink House Co, Ltd.



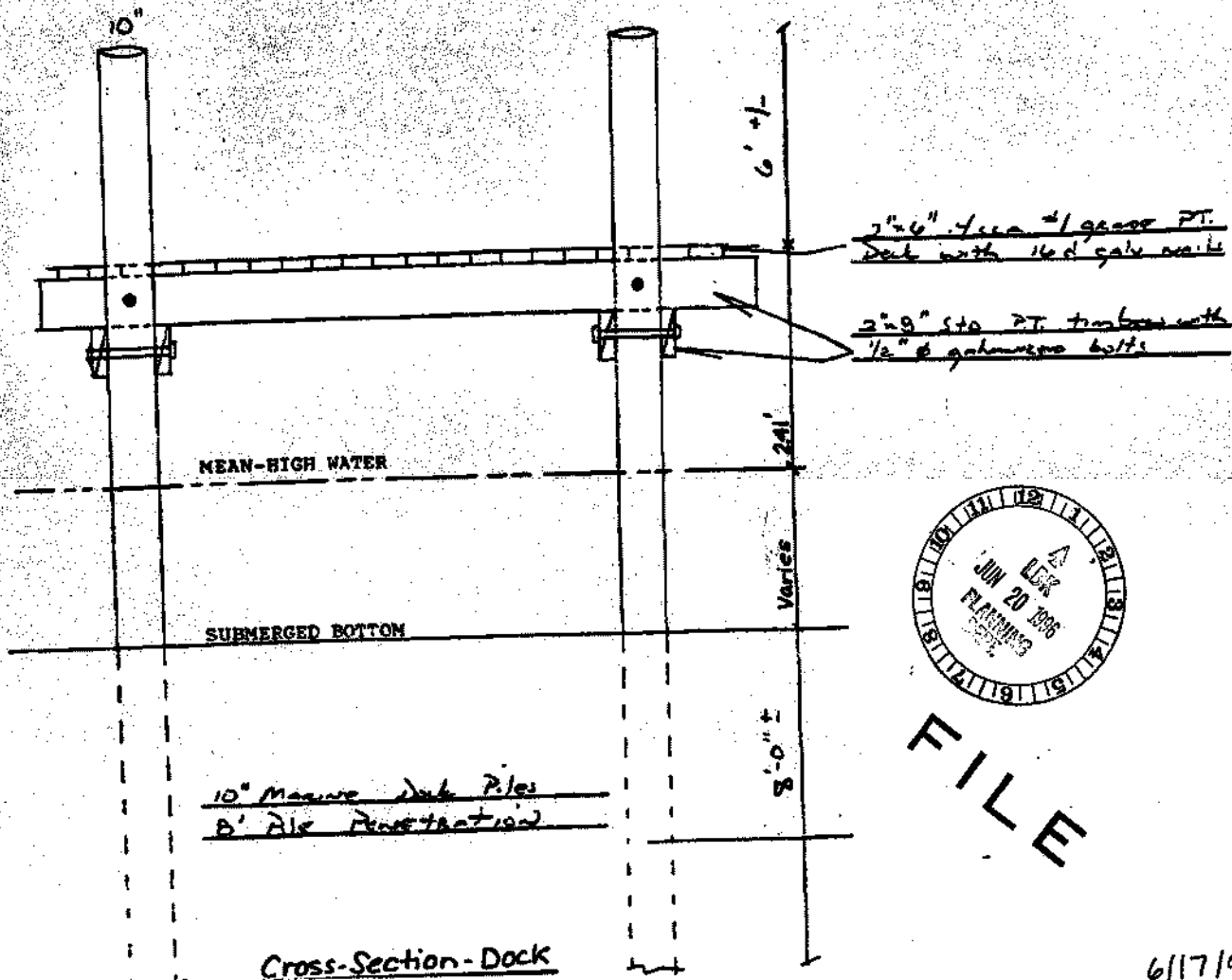
Side View - Small Lift

7100 Longboat Court



JUN 20 1996
LIT
PLANNING

618796

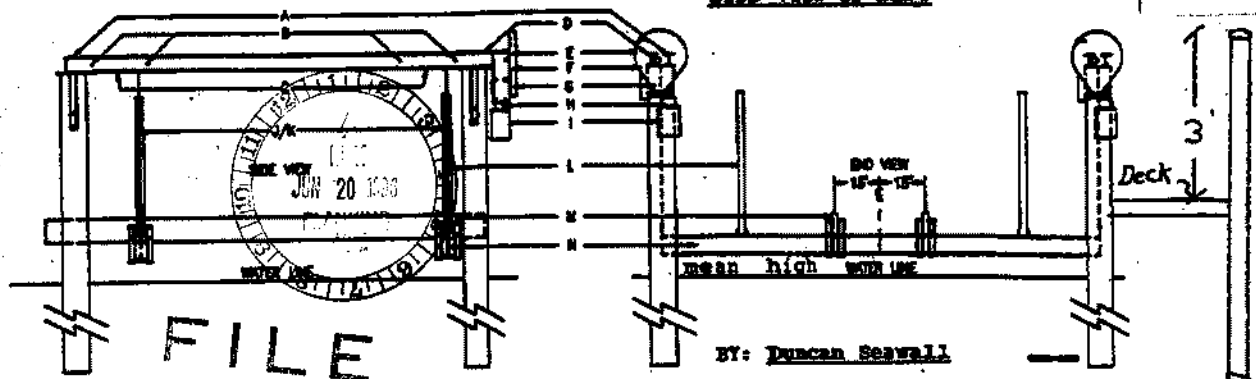


ALUM-A-VATOR 4-POST BOAT LIFTS WITH 2 CRADLE BEAMS AND 4 CABLES

SPECIFICATIONS

SIDE VIEW OF LIFT

7100 Longboat Court



BY: Duncan Seawall

LIFT CAPACITY LBS	CABLE BEAM SIZE	NUMBER OF BEARINGS	GROOVED CABLE WINDER SIZE	DRIVE SHAFT SIZE	DRIVE SHAFT SPROCKET	CHAIN SIZE	GEAR DRIVE SPROCKET	GEAR DRIVE RATIO	NUMBER OF MOTORS & H.P.	NUMBER OF CABLES & SIZE	CABLE SPREAD	INCHES OF LIFT PER MIN.	GUIDE POST HEIGHT	BOAT BUNGS	CRADLE BEAM SIZE
4000	2 - Channels 4" H. 180" 2.5"W 280"	8	2.375" Dia. 15.835" L Lbs 21"	1.837" Tube	80 Tooth	40	8 Tooth	84 to 1	(2) 1/2 H.P. 120V/20A 240V/15A	(4) .280" Dia. 18" L 1 Part	102"	45	7'	2" x 8" 12L	T Beam 6" H. 210" 4" W. 280" 10" L
6000	2 - T Beams 6" H. 170" 3" W. 280"	10	2.375" Dia. 15.835" L Lbs 22"	1.837" Tube	84 Tooth	40	8 Tooth	84 to 1	(2) 1/2 H.P. 120V/20A 240V/15A	(4) .280" Dia. 18" L 1 Part	114"	34	7'	2" x 8" 12L	T Beam 6" H. 210" 4" W. 280" 12" L
8000	2 - T Beams 6" H. 170" 3" W. 280"	10	2.375" Dia. 18.835" L Lbs 14"	1.837" Tube	80 Tooth	40	8 Tooth	84 to 1	(2) 1/2 H.P. 120V/20A 240V/15A	(4) .280" Dia. 20" L 2 Part	114"	22.5	7'	2" x 8" 12L	T Beam 6" H. 210" 4" W. 280" 12.5" L
12,000	2 - T Beams 6" H. 180" 3.5" W. 280"	10	2.375" Dia. 18.835" L Lbs 14.5"	1.837" Tube	84 Tooth	40	8 Tooth	84 to 1	(2) 1/2 H.P. 120V/20A 240V/15A	(4) .312" Dia. 20" L 2 Part	114"	17	7'	2" x 8" 12L	T Beam 6" H. 250" 5" W. 280" 12.5" L
16,000	2 - T Beams 6" H. 210" 4" W. 280"	10	2.375" Dia. 18.835" L Lbs 14.5"	1.837" Tube	80 Tooth	40	12 Tooth	80 to 1	(2) 1 H.P. with Bungs 120V/30A 240V/15A	(4) .312" Dia. 20" L 2 Part	114"	22.3	10'	3" x 10" 16L	T Beam 10" H. 280" 6" W. 280" 14" L
20,000	2 - T Beams 7" H. 230" 4.5" W. 280"	10	2.375" Dia. 25.835" L Lbs 14"	1.837" Tube	80 Tooth	40	12 Tooth	80 to 1	(2) 1 H.P. with Bungs 120V/30A 240V/15A	(4) .312" Dia. 45" L 3 Part	128"	18.4	10'	3" x 10" 16L	T Beam 10" H. 280" 6" W. 280" 15" L
27,000	2 - T Beams 8" H. 250" 6" W. 410"	10	2.375" Dia. 25.835" L Lbs 14"	1.837" Tube	80 Tooth	40	12 Tooth	80 to 1	(2) 1 H.P. with Bungs 120V/30A 240V/15A	(4) .312" Dia. 45" L 3 Part	182"	18.4	10'	3" x 10" 16L	T Beam 10" H. 280" 6" W. 280" 15" L

* 240V / 15A Recommended

Quality Boat Lifts, Inc. has copies of installation detail drawings & engineering specifications available certified & sealed by a Florida Registered Engineer.

All aluminum components are made of 6061-T6 marine grade aluminum.

All stainless steel hardware, cables & pulley sides are 300 series stainless steel.

All wood bungs are Southern Pine, Chromium Copper Arsenate treated.

Davis, Persson, Smith & Darnell

Attorneys and Counselors At Law
 A Partnership of Professional Associations
 2033 Main Street, Suite 406
 Sarasota, Florida 34237
 Telephone (941) 365-4950
 Facsimile (941) 365-3259

David P. Persson
 Kevin P. Smith
 Robert W. Darnell
 Barbara B. Levin
 Barry R. Lewis, Jr.
 Robert B. Turfitt

David D. Davis
 Of Counsel

* Qualified in Administrative and Governmental Law under
 the Florida Designation Plan
 † Board Certified Civil Trial

June 27, 1996

Mr. Lewis S. Pollock
 Chairman
 Zoning Board of Adjustment
 Town of Longboat Key
 501 Bay Isles Road
 Longboat Key, FL 34228



Re: Application for Variance - Petition #6-96
KLL COMPANY - 7100 East Longboat

Dear Chairman Pollock:

This is a Petition for Variance from the provisions of Section 158.155 of the Longboat Key Zoning Code.

The Zoning Board of Adjustment has jurisdiction pursuant to Section 158.026(F)(3) of the Longboat Key Zoning Code.

This letter is an opinion of jurisdiction and is not intended to address the merits of the application.

Respectfully,


 David P. Persson

DPP:awg89

SARASOTA BAY

SITE

NORTH



TOWN OF LONGBOAT KEY
PROPERTY OWNERS LABEL LISTING
OWNERS WITHIN 300' OF 7100 LONGBOAT DR E

24 JUN 1996
PAGE: 1

7150LONGBOATDRE	PINK HOUSE COMPANY LTD THE THE PINK HOUSE COMPANY LTD 5370 GULF OF MEXICO DR LONGBOAT KEY FL 34228
7150LONGBOATDRE	SAUNDERS, NEIL D SAUNDERS, MICHAEL M 61 S BLVD OF PRHS SARASOTA FL 34236
7140LONGBOATDRE	SCHETTER, EDMUND J TR SCHETTER, CLARICE M TR 7140 LONGBOAT DR E LONGBOAT KEY FL 34228
7130LONGBOATDRE	ALEXANDER, CHARLES J JR ALEXANDER, DIANE D 7130 LONGBOAT DR E LONGBOAT KEY FL 34228
7120LONGBOATDRE	CHRISTENSEN, HAROLD R CHRISTENSEN, LYNN S 7120 LONGBOAT DR E LONGBOAT KEY FL 34228
7110LONGBOATDRE	MACDONALD, RUBY I 7110 LONGBOAT DR E LONGBOAT KEY FL 34228
7094LONGBOATDRE	COLEMAN, RAYMOND A P O BOX 337 LONGBOAT KEY FL 34228
7074LONGBOATDRE	LEVIN, CHARLES J LEVIN, MARY D 937 RIVERHILLS DR TEMPLE TERRACE FL 33617
7060LONGBOATDRE	BURNETT, ROBERT W BURNETT, JEANNE L 7060 LONGBOAT DR E LONGBOAT KEY FL 34228
7061LONGBOATDRE	WALKER, PETER J WALKER, MARGARET A P O BOX 1067 CORTEZ FL 34215
7119LONGBOATDRE	O'CONNOR, MICHAEL O'CONNOR, AVIS L 6508 HERITAGE LN BRADENTON FL 34209
791RUSSELLST	RIEDINGER, ALFRED

TOWN OF LONGBOAT KEY
PROPERTY OWNERS LABEL LISTING
OWNERS WITHIN 300' OF 7100 LONGBOAT DR E

24 JUN 1996
PAGE: 2

RIEDINGER, ELIZABETH
P O BOX 6204
LONGBOAT KEY FL 34228

770RUSSELLST

LYNCH, DAVID E
LYNCH, GAIL S
770 RUSSELL ST
LONGBOAT KEY FL 34228

780RUSSELLST

TEMPOTECH INDUSTRIES INC
7031 BAYSIDE DR
LONGBOAT KEY FL 34228

771LONGBOATCT

KIRKPATRICK, RONALD J TR
KIRKPATRICK, LINDA J TR
405 S CENTER
GAYLORD MI 49735

760LONGBOATCT

BERGSTROM, KRISTIN INGER
790 LONGBOAT COURT
LONGBOAT KEY FL 34228

740LONGBOATCT

BROIDA, JEAN
2029 HARBOUR LINKS DR
LONGBOAT KEY FL 34228-4231

730LONGBOATCT

BEALL, WILLIAM
BEALL, JUDITH M
730 LONGBOAT CT
LONGBOAT KEY FL 34228

~~720LONGBOATCT~~

~~BEALL, WILLIAM
BEALL, JUDITH M
730 LONGBOAT CT
LONGBOAT KEY FL 34228~~

731FOXST

WICKERSHAM, MARY B
731 FOX ST
LONGBOAT KEY FL 34228

741FOXST

PHILLIPS, MARY KATHERINE
741 FOX ST
LONGBOAT KEY FL 34228

751FOXST

REDDEN, KRISTINA C
BURGESS, KRISTINA C A/K/A
751 FOX ST
LONGBOAT KEY FL 34228

761FOXST

EDMONSON, WENDY
1620 PLATT ST
SARASOTA FL 34236

730FOXST

WICKERSHAM, MARK TC

24 JUN 1996
PAGE: 3

TOWN OF LONGBOAT KEY
PROPERTY OWNERS LABEL LISTING
OWNERS WITHIN 300' OF 7100 LONGBOAT DR E

	WICKERSHAM, MARY TC 731 FOX ST LONGBOAT KEY FL 34228
740FOXST	ATKINS, ROBERT MARSH ATKINS, KATHY S 5670 CYPRESS GDNS BLVD WINTER HAVEN FL 33880
750FOXST	NADIN, DAVID ALAN NADIN, CELIA 3 CHURCH AVE GEE CROSS HYDE CHESHIRE SK 145LY ENGLAND
7031BAYSIDEDR	TEMPOTECH INDUSTRIES INC 7031 BAYSIDE DR LONGBOAT KEY FL 34228
777LANDSENDDR	WILSON, CYRUS C WILSON, JUDITH A 777 LANDS END DRIVE #1 LONGBOAT KEY FL 34228
7091LONGBOATDRE	CHINNIS, RUSSELL D KILLEEN, CHRISTINE P P O BOX 67 LONGBOAT KEY FL 34228
770LONGBOATCT	PEZOWICZ, RAYMOND L 423 HEMLOCK ST ROSELLE PARK NJ 07204

TOWN OF LONGBOAT KEY
NOTICE OF PUBLIC HEARING

The Town of Longboat Key Zoning Board of Adjustment will hold a Public Hearing at 9:30 a.m., or as soon thereafter as may be heard, on July 11, 1996 in Town Hall, Town Commission Chambers, 501 Bay Isles Road, Longboat Key, Florida to consider the following:

PETITION #6-96 by KLL Company requesting a Variance from Section 158.155 of the Town of Longboat Key Zoning Code to construct a 238.92 square foot dock with lifts where the outer lift pile extends 57 feet from the seawall (This will replace an existing 102.12 square foot dock with accompanying mooring post which extends 60 feet from the seawall) located at 7100 Longboat Drive East.

All interested parties are invited to attend.

Lew Pollock /dmc
Lew Pollock, Chairman
Zoning Board of Adjustment

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting, a record of the proceedings will be needed. For such purpose that person may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.

TOWN OF LONGBOAT KEY
NOTICE OF PUBLIC HEARING

The Town of Longboat Key Zoning Board of Adjustment will hold a Public Hearing at 9:30 a.m., or as soon thereafter as may be heard, on September 12, 1996 in Town Hall, Town Commission Chambers, 501 Bay Isles Road, Longboat Key, Florida to consider the following:

PETITION #6-96 by KLL Company requesting a Variance from Section 158.155 of the Town of Longboat Key Zoning Code to construct a 238.92 square foot dock with lifts where the outer lift pile extends 57 feet from the seawall (This will replace an existing 102.12 square foot dock with accompanying mooring post which extends 60 feet from the seawall) located at 7100 Longboat Drive East. (THIS PETITION WAS CONTINUED FROM THE 8-8-96 ZBA MEETING)

All interested parties are invited to attend.

Lew Pollock /dmc

Lew Pollock, Chairman
Zoning Board of Adjustment

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting, a record of the proceedings will be needed. For such purpose that person may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.

7100 Longboat Court

To be filled out by the office of origin
A receipt for the contents of this package

Registered article Serial recommended	<input checked="" type="checkbox"/> Letter <input type="checkbox"/> Printed Matter Receipt	<input type="checkbox"/> Other Article	<input type="checkbox"/> Exp. Mail International
<input type="checkbox"/> Insured parcel Callie avec valeur declaree	Insurance SARASOTA, FL	Article No. 654 287 138	
Office of mailing Bureau or depot MIM David Nadin	Date of Mailing Date of depot 3/23/66	MAR 27 1966	
Address (Name or Firm) 3 Church Avenue			
Street and No. Box or P.O. Gez Cross Hyde			
Place and country. List all stops Cheshire, England SK 145LY			

This receipt must be signed by the addressee or by a person authorized to do so by virtue of the regulations of the country of destination, or, if those regulations so provide, by the employee of the office of destination, and returned by the first mail directly to the sender.

Ce avis doit être signé par le destinataire ou par une personne y autorisée en vertu des règlements du pays de destination, ou, si ces règlements le permettent, par l'agent du bureau de destination, et renvoyé par la première courrier directement à l'expéditeur.

The article mentioned above was duly delivered.
L'article mentionné ci-dessus a été remis (livré).

Date: 4/9/66

Signature of the addressee
Signature de destinataire: D. A. Nadin

Signature of the employee of the office of destination. Signatures of agents of the office of destination: [Signature]



Thank you for using Federal Express Service.

3. Article Addressed to:
Mr. Mrs. Alfred Riedinger
Post Office Box 6204
Longboat Key, Florida 34228

4a. Article Number
P 171 427 775

4b. Service Type
Registered Insured Certified Return Receipt for Merchandise COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

9. Received By: (Print Name)

1. Also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

2. Restricted Delivery
3. Return Receipt for Merchandise COD

SENDEN: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Attach this form to the reverse of the form so that we can return the form to you. Attach this form to the front of the package, or on the back if space does not permit. Write "Return Receipt Requested" on the package below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

Thank you for using Federal Express Service.

3. Article Addressed to:
Mr. Raymond Pezowicz
423 Hemlock Street
Roseland Park, New Jersey 07204

4a. Article Number
P 283 429 915

4b. Service Type
Registered Insured Certified Return Receipt for Merchandise COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

9. Received By: (Print Name)

1. Also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

2. Restricted Delivery
3. Return Receipt for Merchandise COD

SENDEN: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Attach this form to the reverse of the form so that we can return the form to you. Attach this form to the front of the package, or on the back if space does not permit. Write "Return Receipt Requested" on the package below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

SENDER:
 *Complete items 1 and/or 2 for additional services.
 *Complete items 3, 4a, and 4b.
 *Print your name and address on the reverse of this form so that we can return this card to you.
 *Attach this form to the front of the mailpiece, or on the back if space does not permit.
 *Write "Return Receipt Requested" on the mailpiece below the article number.
 *The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Mr. & Mrs. Charles Levin
 937 Riverhills Drive
 Temple Terrace, Florida 33617

4a. Article Number
 P 171 427 773

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 9-10-96

5. Received By: (Print Name)

6. Addressee's Address (Only if requested and fee is paid)

PS _____ Receipt

Thank you for using Return Receipt Service.

SENDER:
 *Complete items 1 and/or 2 for additional services.
 *Complete items 3, 4a, and 4b.
 *Print your name and address on the reverse of this form so that we can return this card to you.
 *Attach this form to the front of the mailpiece, or on the back if space does not permit.
 *Write "Return Receipt Requested" on the mailpiece below the article number.
 *The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Mr. Raymond Coleman
 Post Office Box 337
 Longboat Key, Florida 34228

4a. Article Number
 P 171 429 212

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 7-3-96

5. Received By: (Print Name)

6. Addressee's Address (Only if requested and fee is paid)

PS _____ Receipt

Thank you for using Return Receipt Service.

SENDER:
 *Complete items 1 and/or 2 for additional services.
 *Complete items 3, 4a, and 4b.
 *Print your name and address on the reverse of this form so that we can return this card to you.
 *Attach this form to the front of the mailpiece, or on the back if space does not permit.
 *Write "Return Receipt Requested" on the mailpiece below the article number.
 *The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Ms. Jean Broida
 2029 Harbour Links Drive
 Longboat Key, Florida 34228

4a. Article Number
 P 171 427 769

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 9/4/96

5. Received By: (Print Name)
 Mary Ashman

6. Addressee's Address (Only if requested and fee is paid)
 Mary Ashman

PS Form 3811, December 1984 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
 * Complete items 1 and/or 2 for additional services.
 * Complete items 3, 4a, and 4b.
 * Print your name and address on the reverse of this form so that we can return this card to you.
 * Attach this form to the front of the mailpiece, or on the back if space does not permit.
 * Write "Return Receipt Requested" on the mailpiece below the article number.
 * The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Teletech Industries, Inc.
 7000 Bayside Drive
 Longboat Key, Florida 34228

4a. Article Number
 P 171 427 776

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 9-3-96

5. Received By: (Print Name)
 M. J. [Signature]

6. Signature: (Addressee or Agent)
 [Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
 * Complete items 1 and/or 2 for additional services.
 * Complete items 3, 4a, and 4b.
 * Print your name and address on the reverse of this form so that we can return this card to you.
 * Attach this form to the front of the mailpiece, or on the back if space does not permit.
 * Write "Return Receipt Requested" on the mailpiece below the article number.
 * The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Mr. & Mrs. Ronald Kirkpatrick
 405 South Center
 Gaylord, Michigan 49735

4a. Article Number
 P 171 427 768

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 8-31-96

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X [Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
 * Complete items 1 and/or 2 for additional services.
 * Complete items 3, 4a, and 4b.
 * Print your name and address on the reverse of this form so that we can return this card to you.
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 * Write "Return Receipt Requested" on the mailpiece below the article number.
 * The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Mr. & Mrs. Charles Alexander
 7130 Longboat Drive East
 Longboat Key, Florida 34228

4a. Article Number
 P 171 427 771

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 8/30/96

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X [Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

In your RETURN!

In your RETURN!

In your RETURN!

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requester" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Mr. & Mrs. Russell Chinnis
 Post Office Box 67
 Longboat Key, Florida 34228

4a. Article Number
 P 283 429 910

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 8-30-94

5. Received By: (Print Name)
 RUSSELL CHINNIS

6. Signature: (Address or Agent)
 [Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1984 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requester" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Mr. Mark Wickersham
 Ms. Mary Wickersham
 731 Fox Street
 Longboat Key Florida 34288

4a. Article Number
 P 283 429 909

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 08-29-96 [Signature]

5. Received By: (Print Name)
 [Signature]

6. Signature: (Address or Agent)
 [Signature]

8. Addressee's Address (Only if requested and fee is paid)

Receipt

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requester" on the mailpiece below the article number.
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I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Mr. & Mrs. Robert Atkins
 5670 Cypress Gardens Blvd.
 Winter Haven, Florida 33880

4a. Article Number
 P 283 429 913

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 8-29-96 [Signature]

5. Received By: (Print Name)
 [Signature]

6. Signature: (Address or Agent)
 X [Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1984 Domestic Return Receipt

Thank you for using Return Receipt Service.

Send on the reverse side?

SENDER:
 *Complete items 1 and/or 2 for additional services.
 *Complete items 3, 4a, and 4b.
 *Print your name and address on the reverse of this form so that we can return this card to you.
 *Attach this form to the front of the mailpiece, or on the back if space does not permit.
 *Write "Return Receipt Requested" on the mailpiece below the article number.
 *The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Mr. & Mrs. Cyrus Wilson
 777 Lands End Drive #1
 Longboat Key, Florida 34228

4a. Article Number
 P 283 429 914

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 8/29/96

5. Received By: (Print Name)
 [Redacted]

6. Signature: (Address or Agent)
 [Signature]

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Send on the reverse side?

SENDER:
 *Complete items 1 and/or 2 for additional services.
 *Complete items 3, 4a, and 4b.
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I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Mr. & Mrs. Harold Christensen
 7120 Longboat Drive East
 Longboat Key, Florida 34228

4a. Article Number
 P 171 429 211

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)
 [Redacted]

6. Signature: (Address or Agent)
 [Redacted]

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Send on the reverse side?

SENDER:
 *Complete items 1 and/or 2 for additional services.
 *Complete items 3, 4a, and 4b.
 *Print your name and address on the reverse of this form so that we can return this card to you.
 *Attach this form to the front of the mailpiece, or on the back if space does not permit.
 *Write "Return Receipt Requested" on the mailpiece below the article number.
 *The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Ms. Mary Wickersham
 731 Fox Street
 Longboat Key, Florida 34228

4a. Article Number
 P 171 427 779

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 08-29-96

5. Received By: (Print Name)
 [Redacted]

6. Signature: (Address or Agent)
 [Signature]

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
 *Complete items 1 and/or 2 for additional services.
 *Complete items 3, 4a, and 4b.
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 *The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Mr. & Mrs. David Lynch
 70 Russell Street
 Longboat Key, Florida 34228

4a. Article Number
 P 171 429 215

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 8-28

5. Received By: (Print Name)

6. Signature (Addressee or Agent)
 X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1984 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
 *Complete items 1 and/or 2 for additional services.
 *Complete items 3, 4a, and 4b.
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 *The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Mr. & Mrs. Peter Walker
 Post Office Box 1067
 Cortez, Florida 34215

4a. Article Number
 P 171 427 774

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 8-28-96

5. Received By: (Print Name)

6. Signature (Addressee or Agent)
 X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1984 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
 *Complete items 1 and/or 2 for additional services.
 *Complete items 3, 4a, and 4b.
 *Print your name and address on the reverse of this form so that we can return this card to you.
 *Attach this form to the front of the mailpiece, or on the back if space does not permit.
 *Write "Return Receipt Requested" on the mailpiece below the article number.
 *The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Pink House Company Ltd.
 5370 Gulf of Mexico Drive
 Longboat Key, Florida 34228

4a. Article Number
 P 171 429 209

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 8-28-96

5. Received By: (Print Name)

6. Signature (Addressee or Agent)
 X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1984 Domestic Return Receipt

Thank you for using Return Receipt Service.



SENDER:
 *Complete items 1 and/or 2 for additional services.
 *Complete items 3, 4a, and 4b.
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 *Attach this form to the front of the mailpiece, or on the back if space does not permit.
 *Write "Return Receipt Requested" on the mailpiece below the article number.
 *The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Ms. Ruby MacDonald
 7110 Longboat Drive East
 Longboat Key, Florida 34228

4a. Article Number
 P 171 427 772

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 1/25

5. Received By: (Print Name)
 Ruby MacDonald

6. Signature: (Addressee or Agent)
 Ruby MacDonald

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
 *Complete items 1 and/or 2 for additional services.
 *Complete items 3, 4a, and 4b.
 *Print your name and address on the reverse of this form so that we can return this card to you.
 *Attach this form to the front of the mailpiece, or on the back if space does not permit.
 *Write "Return Receipt Requested" on the mailpiece below the article number.
 *The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Mr. & Mrs. William Beall
 730 Longboat Court
 Longboat Key, Florida 34228

4a. Article Number
 P 171 427 778

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 1/25

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
 *Complete items 1 and/or 2 for additional services.
 *Complete items 3, 4a, and 4b.
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 *Attach this form to the front of the mailpiece, or on the back if space does not permit.
 *Write "Return Receipt Requested" on the mailpiece below the article number.
 *The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Mr. & Mrs. Michael O'Conner
 6508 Heritage Lane
 Bradenton, Florida 34209

4a. Article Number
 P 171 429 214

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 1/25

5. Received By: (Print Name)
 Michael A. O'Conner

6. Signature: (Addressee or Agent)
 Michael A. O'Conner

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER: *Complete items 1 and/or 2 for additional services. *Complete items 3, 4a, and 4b. *Print your name and address on the reverse of this form so that we can return this card to you. *Attach this form to the front of the mailpiece, or on the back if space does not permit. *Write "Return Receipt Requested" on the mailpiece below the article number. *The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: ATKINS, ROBERT MARSH ATKINS, KATHY S 5670 CYPRESS 0DNS BLVD WINTER HAVEN FL 33880		4a. Article Number P 171 429 204	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 6-28-96	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Addressee or Agent) <i>Daniel Huntington</i>			
PS Form 3811, December 1994		Domestic Return Receipt	

Thank you for using Return Receipt Service.

SENDER: *Complete items 1 and/or 2 for additional services. *Complete items 3, 4a, and 4b. *Print your name and address on the reverse of this form so that we can return this card to you. *Attach this form to the front of the mailpiece, or on the back if space does not permit. *Write "Return Receipt Requested" on the mailpiece below the article number. *The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: WICKERSHAM, MARK TC WICKERSHAM, MARY TC 731 FOX ST. LONGBOAT KEY FL 34228		4a. Article Number P 171 429 203	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 06-29-96	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Addressee or Agent)			
PS Form 3811, December 1994		Receipt	

Thank you for using Return Receipt Service.

SENDER: *Complete items 1 and/or 2 for additional services. *Complete items 3, 4a, and 4b. *Print your name and address on the reverse of this form so that we can return this card to you. *Attach this form to the front of the mailpiece, or on the back if space does not permit. *Write "Return Receipt Requested" on the mailpiece below the article number. *The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: EDMONSON, WENDY 1620 PLATT ST SARASOTA FL 34236		4a. Article Number P 171 429 202	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 6-28-96	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Addressee or Agent) <i>X Amilia Arrien</i>			
PS Form 3811, December 1994		Domestic Return Receipt	

Thank you for using Return Receipt Service.

SENDER: *Complete items 1 and/or 2 for additional services. *Complete items 3, 4a, and 4b. *Print your name and address on the reverse of this form so that we can return this card to you. *Attach this form to the front of the mailpiece, or on the back if space does not permit. *Write "Return Receipt Requested" on the mailpiece below the article number. *The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Ms. Wendy Edmonson 1626 Platt Street Sarasota, Florida 34236		4a. Article Number P 283 429 912 4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 7. Date of Delivery 8/28/96	
5. Received By: (Print Name) _____ 6. Signature: (Address or Agent) _____ PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

Thank you for using Return Receipt Service.

SENDER: *Complete items 1 and/or 2 for additional services. *Complete items 3, 4a, and 4b. *Print your name and address on the reverse of this form so that we can return this card to you. *Attach this form to the front of the mailpiece, or on the back if space does not permit. *Write "Return Receipt Requested" on the mailpiece below the article number. *The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Mr. & Mrs. Edmund Schetter 7140 Longboat Drive East Longboat Key, Florida 34228		4a. Article Number P 171 429 210 4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 7. Date of Delivery 4/23	
5. Received By: (Print Name) _____ 6. Signature: (Address or Agent) _____ PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

Thank you for using Return Receipt Service.

SENDER: *Complete items 1 and/or 2 for additional services. *Complete items 3, 4a, and 4b. *Print your name and address on the reverse of this form so that we can return this card to you. *Attach this form to the front of the mailpiece, or on the back if space does not permit. *Write "Return Receipt Requested" on the mailpiece below the article number. *The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Mr. Neil Saunders Ms. Michael Saunders 61 South Boulevard of Presidents Sarasota, Florida 34236		4a. Article Number P 171 427 770 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 7. Date of Delivery 8/28/96	
5. Received By: (Print Name) _____ 6. Signature: (Address or Agent) _____ PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

PEZOWICZ, RAYMOND L
423 HENLOCK ST
ROSELLE PARK NJ 07204

4a. Article Number

P 171 429 194

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

7-10-96

5. Received By: (Print Name)

Anna S. Mose

6. Signature: (Addressee or Agent)



8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

CHINNIS, RUSSELL D
KILLEN, CHRISTINE P
P O BOX 67
LONGBOAT KEY FL 34228

4a. Article Number

P 171 429 208

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

6-28-96

5. Received By: (Print Name)



6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

WILSON, CYRUS C
WILSON, JUDITH A
777 LANDS END DRIVE #1
LONGBOAT KEY FL 34228

4a. Article Number

P 171 429 207

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

7-1-96

5. Received By: (Print Name)



6. Signature: (Addressee or Agent)

X BAWSON

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

Is your RETURN ADDRESS completed on the reverse side?

Signature of addressee (signature) Office of Leadership, Employee Signature (Signature de l'adresseur, employé)		Completed at destination. (A compléter à destination.)
The article mentioned above was duly delivered. (L'article mentionné ci-dessus a été délivré.)		<input type="checkbox"/>
It is not the right for the addressee to refuse to receive the article if it is insured or registered. The addressee must accept it in person or by a person authorized to receive it. (Il n'est pas le droit de l'adresseur de refuser de recevoir l'article s'il est assuré ou enregistré. L'adresseur doit l'accepter en personne ou par une personne autorisée à le recevoir.)		
The recipient must be signed by: (1) the addressee or (2) a person authorized to sign under the signature of the addressee. The agent must be named in the article. (Le destinataire doit être signé par: (1) l'adresseur ou (2) une personne autorisée à signer sous la signature de l'adresseur. L'agent doit être nommé dans l'article.)		
Registered Article (Envois recommandés)		<input type="checkbox"/>
Letter (Lettre)		<input type="checkbox"/>
Insured Parcel (Envois assurés)		<input type="checkbox"/>
Restricted Delivery (Envois à destination limitée)		<input type="checkbox"/>
Date of Posting (Date de dépôt)		1994 NOV 27
Date of destination		ENGLAND CHESHIRE SK 145LY GEE CROSS HAYDE 3 CHURCH AVE NADIN, CELIA NADIN, DAVID ALAN

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

REDDEN, KRISTINA C
 BURGESS, KRISTINA C A/K/A
 751 FOX ST
 LONGBOAT KEY FL 34228

4a. Article Number
 P 171 429 201

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X

8. Addressee's Address (Only if requested and fee is paid)

Returned to Sender

PS Form 3811, December 1994

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

PHILLIPS, MARY KATHERINE
 741 FOX ST
 LONGBOAT KEY FL 34228

4a. Article Number
 P 171 429 200

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 11/8

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X Mary K. Phillips

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

is your RETURN ADDRESS completed on the reverse side?

SENDER:
 *Complete items 1 and/or 2 for additional services.
 *Complete items 3, 4a, and 4b.
 *Print your name and address on the reverse of this form so that we can return this card to you.
 *Attach this form to the front of the mailpiece, or on the back if space does not permit.
 *Write "Return Receipt Requested" on the mailpiece below the article number.
 *The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 WICKERSHAM, MARY B
 731 FOX ST
 LONGBOAT KEY FL 34228

4a. Article Number
 P 171 429 199

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 06-29-96

5. Received By: (Print Name)
 [Redacted]

6. Signature: (Addressee or Agent)
 [Redacted]

8. Addressee's Address (Only if requested and fee is paid)
 [Redacted]

Domestic Return Receipt

Thank you for using Return Receipt Service.

is your RETURN ADDRESS completed on the reverse side?

SENDER:
 *Complete items 1 and/or 2 for additional services.
 *Complete items 3, 4a, and 4b.
 *Print your name and address on the reverse of this form so that we can return this card to you.
 *Attach this form to the front of the mailpiece, or on the back if space does not permit.
 *Write "Return Receipt Requested" on the mailpiece below the article number.
 *The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 BROIDA, JEAN
 2029 HARBOUR LINKS DR
 LONGBOAT KEY FL 34228-4231

4a. Article Number
 P 171 429 197

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 7/1/96

5. Received By: (Print Name)
 MARY Ashman

6. Signature: (Addressee or Agent)
 X Mary Ashman

8. Addressee's Address (Only if requested and fee is paid)
 [Redacted]

PB Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

is your RETURN ADDRESS completed on the reverse side?

SENDER:
 *Complete items 1 and/or 2 for additional services.
 *Complete items 3, 4a, and 4b.
 *Print your name and address on the reverse of this form so that we can return this card to you.
 *Attach this form to the front of the mailpiece, or on the back if space does not permit.
 *Write "Return Receipt Requested" on the mailpiece below the article number.
 *The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 BERGSTROM, KRISTIN INGER
 790 LONGBOAT COURT
 LONGBOAT KEY FL 34228

4a. Article Number
 P 171 429 196

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 [Redacted]

5. Received By: (Print Name)
 [Redacted]

6. Signature: (Addressee or Agent)
 X [Redacted]

8. Addressee's Address (Only if requested and fee is paid)
 [Redacted]

PB Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Returned to sender

SENDER:

- Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

KIRKPATRICK, RONALD J TR
 KIRKPATRICK, LINDA J TR
 405 S CENTER
 OAYLORD MI 49735

4a. Article Number

P 171 429 195

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

7-10-96

5. Received By: (Print Name)

[Signature]

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

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 Attach this form to the front of the mailpiece, or on the back if space does not permit.
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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

TEMPOTECH INDUSTRIES INC
 7031 BAYSIDE DR
 LONGBOAT KEY FL 34228

4a. Article Number

P 171 429 206

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

7/02/96

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
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I also wish to receive the following services (for an extra fee):

1. Addressee's Address
 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

LYNCH, DAVID E
 LYNCH, GAIL S
 770 RUSSELL ST
 LONGBOAT KEY FL 34228

4a. Article Number

P 171 429 193

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

7/2

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

[Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, 4a, and 4b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: D'CONNER, MICHAEL D'CONNER, AVIS L 6908 HERITAGE LN BRADENTON FL 34209		4a. Article Number P 171 429 190	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 6-28-96	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
S. _____ P. _____		Receipt	

Thank you for using Return Receipt Service.

SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, 4a, and 4b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: RIEDINGER, ALFRED RIEDINGER, ELIZABETH P O BOX 6204 LONGBOAT KEY FL 34228		4a. Article Number P 171 429 191	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 6-28-96	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Addressee or Agent) <i>X Riedinger</i>			
PS Form 3811, December 1984		Domestic Return Receipt	

Thank you for using Return Receipt Service.

SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, 4a, and 4b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: WALKER, PETER J WALKER, MARGARET A P O BOX 1067 CORTEZ FL 34215		4a. Article Number P 171 429 189	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 6-28-96	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Addressee or Agent) <i>X Walker</i>			
PS Form 3811, December 1984		Domestic Return Receipt	

Thank you for using Return Receipt Service.

BENDER: *Complete items 1 and/or 2 for additional services. *Complete items 3, 4a, and 4b. *Print your name and address on the reverse of this form so that we can return this card to you. *Attach this form to the front of the mailpiece, or on the back if space does not permit. *Write "Return Receipt Requested" on the mailpiece below the article number. *The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: BURNETT, ROBERT W BURNETT, JEANNE L 7060 LONGBOAT DR E LONGBOAT KEY FL 34228		4a. Article Number P 171 429 188 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 7. Date of Delivery 6/21	
5. Received By: (Print Name)		6. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X Jeanne Burnett</i>			
PS Form 3811, December 1994		Domestic Return Receipt	

BENDER: *Complete items 1 and/or 2 for additional services. *Complete items 3, 4a, and 4b. *Print your name and address on the reverse of this form so that we can return this card to you. *Attach this form to the front of the mailpiece, or on the back if space does not permit. *Write "Return Receipt Requested" on the mailpiece below the article number. *The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: LEVIN, CHARLES J LEVIN, MARY D 937 RIVERHILLS DR TEMPLE TERRACE FL 33617		4a. Article Number P 171 429 187 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 7. Date of Delivery 7-15-96	
5. Received By: (Print Name)		6. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X Charles Levin</i>			
PS Form 3811, December 1994		Domestic Return Receipt	

BENDER: *Complete items 1 and/or 2 for additional services. *Complete items 3, 4a, and 4b. *Print your name and address on the reverse of this form so that we can return this card to you. *Attach this form to the front of the mailpiece, or on the back if space does not permit. *Write "Return Receipt Requested" on the mailpiece below the article number. *The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: COLEMAN, RAYMOND A P O BOX 337 LONGBOAT KEY FL 34228		4a. Article Number P 171 429 186 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 7. Date of Delivery	
5. Received By: (Print Name)		6. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X Raymond Coleman</i>			
PS Form 3811, December 1994		Domestic Return Receipt	

SENDER:

• Complete items 1 and/or 2 for additional services.
 • Complete items 3, 4a, and 4b.
 • Print your name and address on the reverse of this form so that we can return this card to you.
 • Attach this form to the front of the mailpiece, or on the back if space does not permit.
 • Write "Return Receipt Requested" on the mailpiece below the article number.
 • The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MACDONALD, RUBY I
 7110 LONGBOAT DR E
 LONGBOAT KEY FL 34228

4a. Article Number

P 171 429 185

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

6/28

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

9. Signature: (Address or Agent)

X Ruby McDonald

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

• Complete items 1 and/or 2 for additional services.
 • Complete items 3, 4a, and 4b.
 • Print your name and address on the reverse of this form so that we can return this card to you.
 • Attach this form to the front of the mailpiece, or on the back if space does not permit.
 • Write "Return Receipt Requested" on the mailpiece below the article number.
 • The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

CHRISTENSEN, HAROLD R
 CHRISTENSEN, LYNN S
 7120 LONGBOAT DR E
 LONGBOAT KEY FL 34228

4a. Article Number

P 171 429 184

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

6-29-96

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

PS

Receipt

Thank you for using Return Receipt Service.

SENDER:

• Complete items 1 and/or 2 for additional services.
 • Complete items 3, 4a, and 4b.
 • Print your name and address on the reverse of this form so that we can return this card to you.
 • Attach this form to the front of the mailpiece, or on the back if space does not permit.
 • Write "Return Receipt Requested" on the mailpiece below the article number.
 • The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ALEXANDER, CHARLES
 ALEXANDER, DIANE
 7130 LONGBOAT DR E
 LONGBOAT KEY FL 34228

4a. Article Number

P 171 429 185

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

9. Signature: (Address or Agent)

X Charles D Alexander

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
 *Complete items 1 and/or 2 for additional services.
 *Complete items 3, 4a, and 4b.
 *Print your name and address on the reverse of this form so that we can return this card to you.
 *Attach this form to the front of the mailpiece, or on the back if space does not permit.
 *Write "Return Receipt Requested" on the mailpiece below the article number.
 *The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 SAUNDERS, NEIL D
 SAUNDERS, MICHAEL M
 61 S BLVD OF PREG
 SARASOTA FL 34236

4a. Article Number
 P 171 429 077

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 1-28-96

5. Received By: (Print Name)
 6. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
 X C. Kueger

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
 *Complete items 1 and/or 2 for additional services.
 *Complete items 3, 4a, and 4b.
 *Print your name and address on the reverse of this form so that we can return this card to you.
 *Attach this form to the front of the mailpiece, or on the back if space does not permit.
 *Write "Return Receipt Requested" on the mailpiece below the article number.
 *The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 SCHEPETER, EDMUND J TR
 SCHEPETER, CLARICE M TR
 7140 LONGBOAT DR E
 LONGBOAT KEY FL 34228

4a. Article Number
 P 171 429 182

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 2-25-96

5. Received By: (Print Name)
 Clarice Schepeter

6. Signature: (Addressee or Agent)
 (X) Clarice Schepeter

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
 *Complete items 1 and/or 2 for additional services.
 *Complete items 3, 4a, and 4b.
 *Print your name and address on the reverse of this form so that we can return this card to you.
 *Attach this form to the front of the mailpiece, or on the back if space does not permit.
 *Write "Return Receipt Requested" on the mailpiece below the article number.
 *The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 PINK HOUSE COMPANY LTD THE
 THE PINK HOUSE COMPANY LTD
 9370 GULF OF MEXICO DR
 LONGBOAT KEY FL 34228

4a. Article Number
 P 171 429 178

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 6-28-96

5. Received By: (Print Name)
 6. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
 X Paul Gomez

PS Form 3811, December 1994 Domestic Return Receipt

In your RETURN ADDRESS completed on the reverse side

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

In your RETURN ADDRESS completed on the reverse side

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
 Complete items 3, 4e, and 4f.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
 Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:

BEALL, WILLIAM
 BEALL, JUDITH M
 730 LONGBOAT CT
 LONGBOAT KEY FL 34228

4a. Article Number

P 171 429 198

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

07-20-96

5. Received By: (Print Name)

W R BEALL

6. Signature: (Addressee or Agent)

X W R Beall

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Services.

Domestic Return Receipt

SARASOTA HERALD-TRIBUNE
 PUBLISHED DAILY
 SARASOTA, SARASOTA COUNTY, FLORIDA

AD NUMBER 9693BC0010

TOWN OF LONGBOAT KEY
 ATTN: PATRIZIA ARENDS
 501 BAY ISLES ROAD
 LONGBOAT KEY, FL 34228

TOWN CLERK'S OFFICE
RECEIVED
 REP. 9/19/96
 SEP 12 1996
 83.60
 41.80

STATE OF FLORIDA
 COUNTY OF SARASOTA

BEFORE THE UNDERSIGNED AUTHORITY PERSONALLY APPEARED JAMES E. DOUGHTON, WHO ON OATH SAYS HE IS THE ADVERTISING DIRECTOR OF THE SARASOTA HERALD-TRIBUNE, A DAILY NEWSPAPER PUBLISHED AT SARASOTA, IN SARASOTA COUNTY FLORIDA; AND CIRCULATED IN SARASOTA COUNTY DAILY; THAT THE ATTACHED COPY OF ADVERTISEMENT, BEING A NOTICE IN THE MATTER OF: TOWN OF LONGBOAT KEY PETITIONS 6-96 & 7-96

IN THE COURT, WAS PUBLISHED IN SARASOTA EDITION OF SAID NEWSPAPER IN THE ISSUES OF:

SEP 4, 1996

AFFIANT FURTHER SAYS THAT THE SAID SARASOTA HERALD-TRIBUNE IS A NEWSPAPER PUBLISHED AT SARASOTA, IN SAID SARASOTA COUNTY, FLORIDA, AND THAT THE SAID NEWSPAPER HAS HERETOFURE BEEN CONTINUOUSLY PUBLISHED IN SAID SARASOTA COUNTY, FLORIDA, EACH DAY, AND HAS BEEN ENTERED AS SECOND CLASS MAIL MATTER AT THE POST OFFICE IN SARASOTA, IN SAID SARASOTA COUNTY, FLORIDA, FOR A PERIOD OF ONE YEAR NEXT PRECEDING THE FIRST PUBLICATION OF THE ATTACHED COPY OF ADVERTISEMENT; AND AFFIANT FURTHER SAYS THAT HE HAS NEITHER PAID NOR PROMISED ANY PERSON, FIRM OR CORPORATION ANY DISCOUNT, REBATE, COMMISSION OR REFUND FOR THE PURPOSE OF SECURING THIS ADVERTISEMENT FOR PUBLICATION IN THE SAID NEWSPAPER.

SIGNED

James E. Doughton

SWORN TO AND SUBSCRIBED BEFORE ME THIS 4TH DAY OF SEPTEMBER A.D., 1996 BY JAMES E. DOUGHTON WHO IS PERSONALLY KNOWN TO ME.

(SEAL)

Marian Suta

OFFICIAL NOTARY PUBLIC
 MARIAN SUTA

NOTARY PUBLIC

ZIP

CLASSIFIED ADVERTISING INVOICE

NEW YORK TIMES COMPANY
 Sarasota Herald-Tribune
 P.O. BOX 28328
 TAMPA, FLORIDA 33622-2328
 9693BC0010

ACCOUNT NUMBER	INVOICE NUMBER
012474206	976708001
DESCRIPTION	
TOWN OF LONGBOAT KEY	

FIRST CLASS
 U.S. POSTAGE
PAID
 SARASOTA, FL
 PERMIT NO. 338

CLASSIFICATION	AD SIZE	TIMES	AD TAKER	STOP DATE	
REGALS	55 LINES	1	0800	09/04/96	
AUTHORIZATION		AD CHARGE	BOX CHARGE	MISC. ADJ.	AMOUNT DUE
6-96 & 6-97		83.60			83.60

TURN THIS PORTION WITH PAYMENT FOR PROOF OF COPY PLEASE PAY THIS AMOUNT

INVOICE NUMBER	ACCOUNT NUMBER	AD CHARGE	BOX CHARGE	MISC. ADJ.	AMOUNT DUE
976708001	012474206	83.60			83.60

9693BC0010
 976708001628 083607 999995 999995

ABLE ON RECEIPT

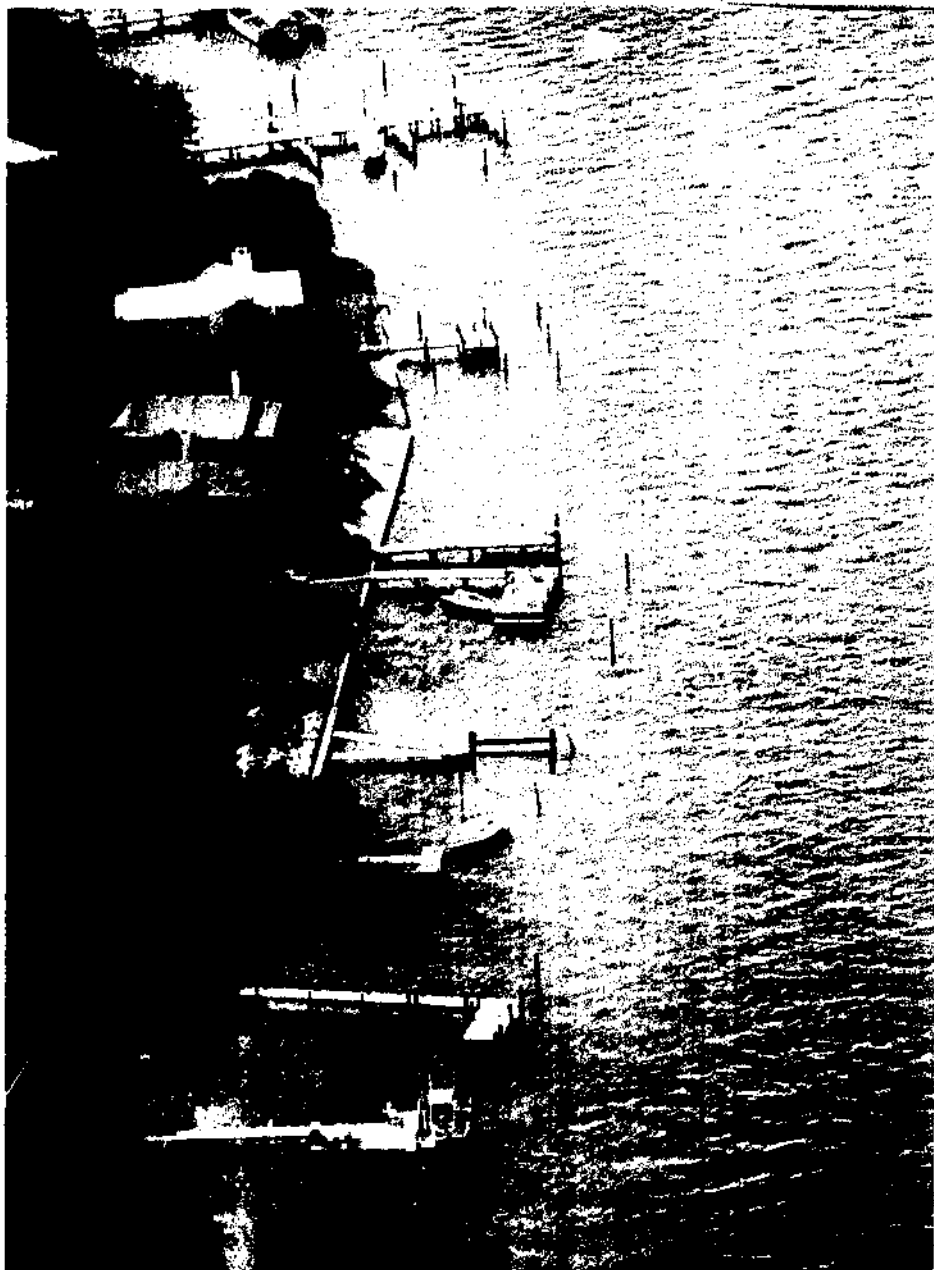
TOWN OF LONGBOAT KEY
 ATTN: PATRIZIA ARENDS
 501 BAY ISLES ROAD
 LONGBOAT KEY, FL 34228

TOWN OF LONGBOAT KEY
 NOTICE OF PUBLIC HEARING
 The Town of Longboat Key Zoning Board of Adjustment will hold a Public Hearing at 8:00 A.M. or as soon thereafter as may be held, on September 12, 1996, in Town Hall, Town Commission Chambers, 501 Bay Isles Road, Longboat Key, Florida, to consider the following: PETITION #7-96 by SLL Company requesting a Variance from Section 158.106 of the Town of Longboat Key Zoning Code to construct a 626.82 square foot dock with 186 square feet of pile extends 57 feet from the seawall (This will replace an existing 102.12 square foot dock with accompanying mooring post which extends 40 feet from the seawall) located at 7100 Longboat Drive East.
 (THIS PETITION WAS CONTINUED FROM THE 8-8-96 ZBA MEETING)
 PETITION #7-96 by FALCO Corporation requesting an Appeal of Decision of an Administrative Officer made on June 24, 1996 concerning Section 158.100 (4) (1) design a pile pile structure by Harbor Links located at 2088 Harbourside Drive. All interested parties are invited to attend.
 s/Law Pollock, Chairman
 Zoning Board of Adjustment
 If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting, a record of the proceedings will be needed. For such purpose that person may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.
 Published: September 4, 1996

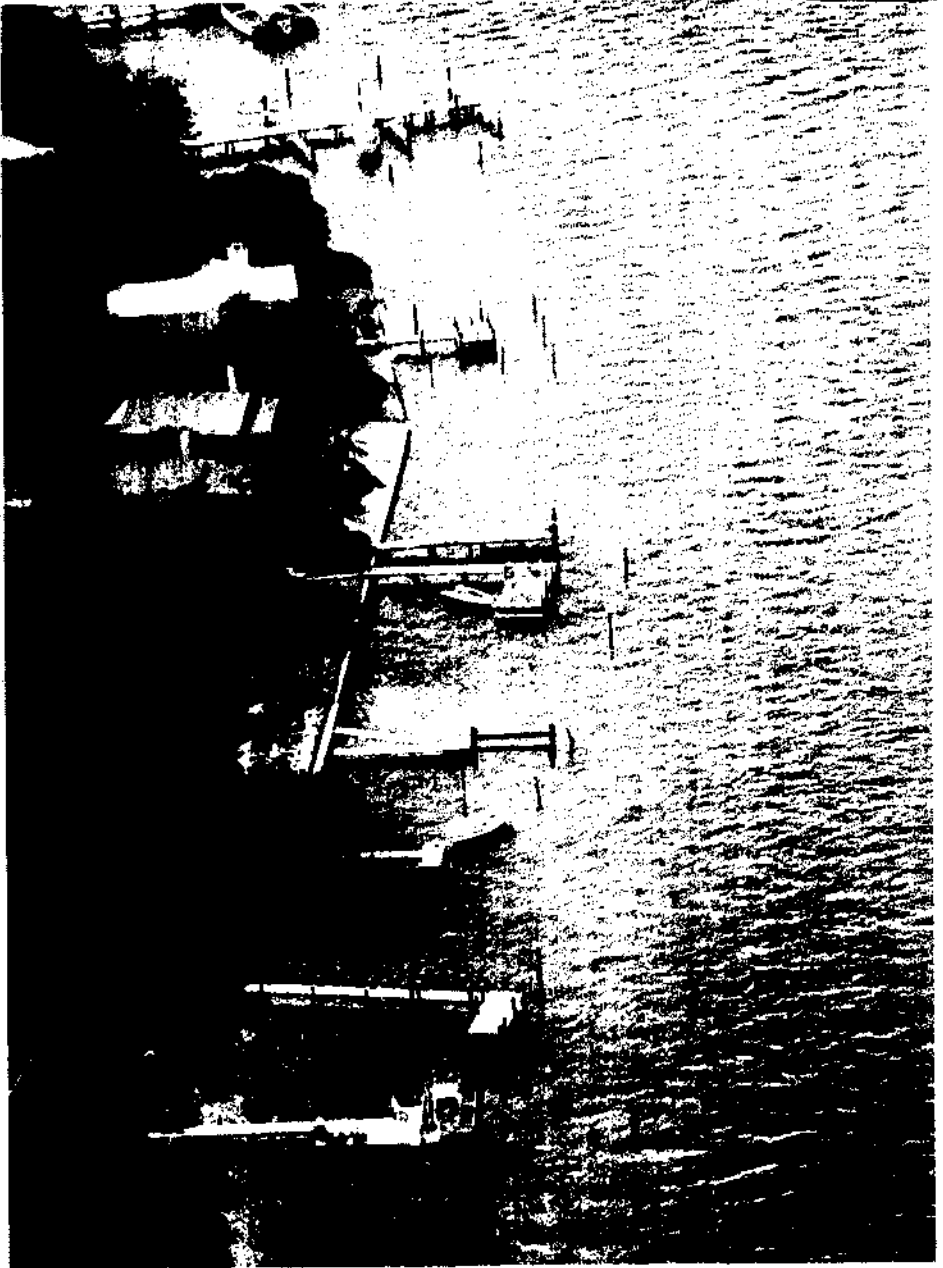
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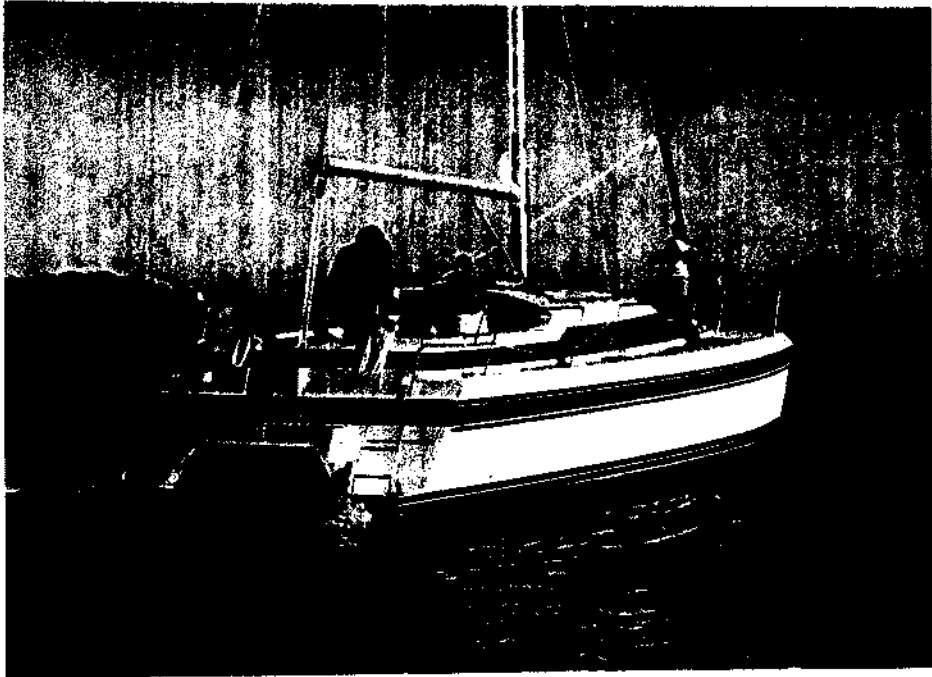
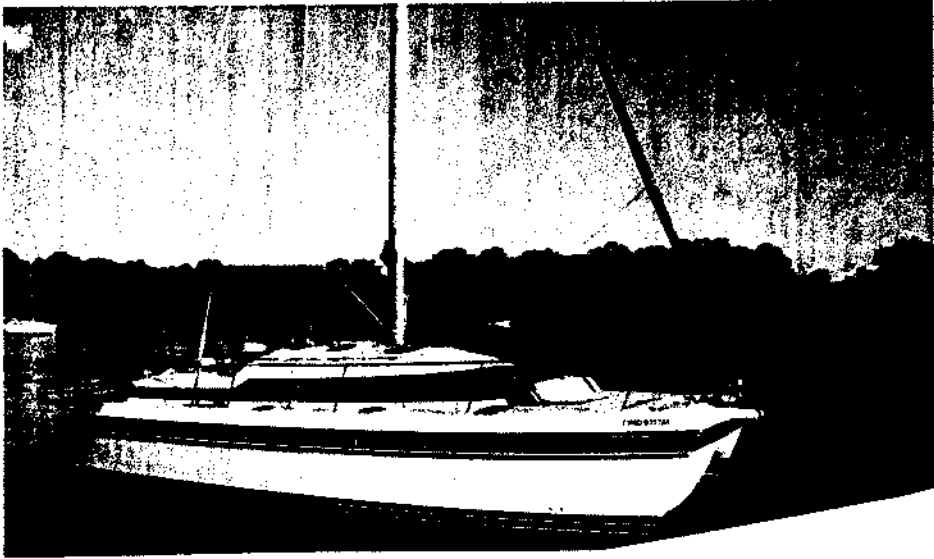
7100 Longboat Court

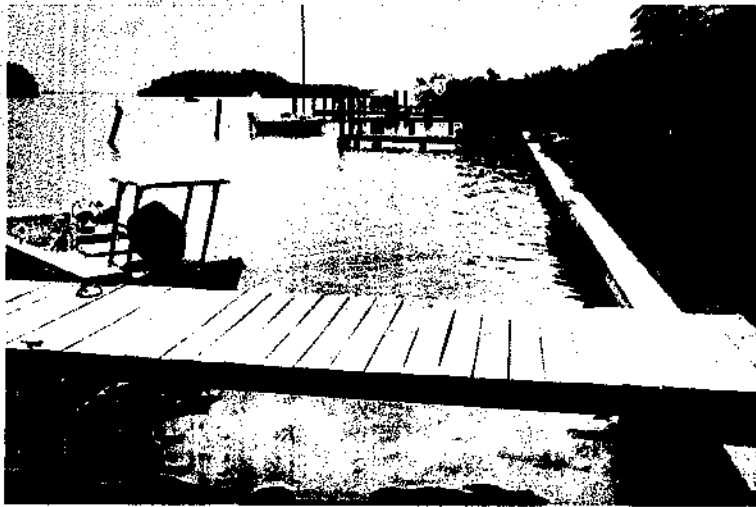
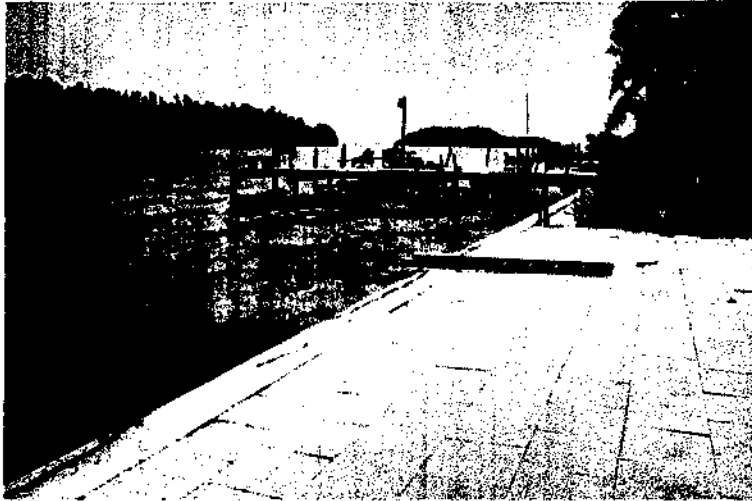














SCALE	1" = 100'	SECTION	15	TWP.	35 S	RANGE	16 E
PLANNING DATE	MAY 1986						
PROJECT JOB NO.							

MANATEE COUNTY
FLORIDA

FILE



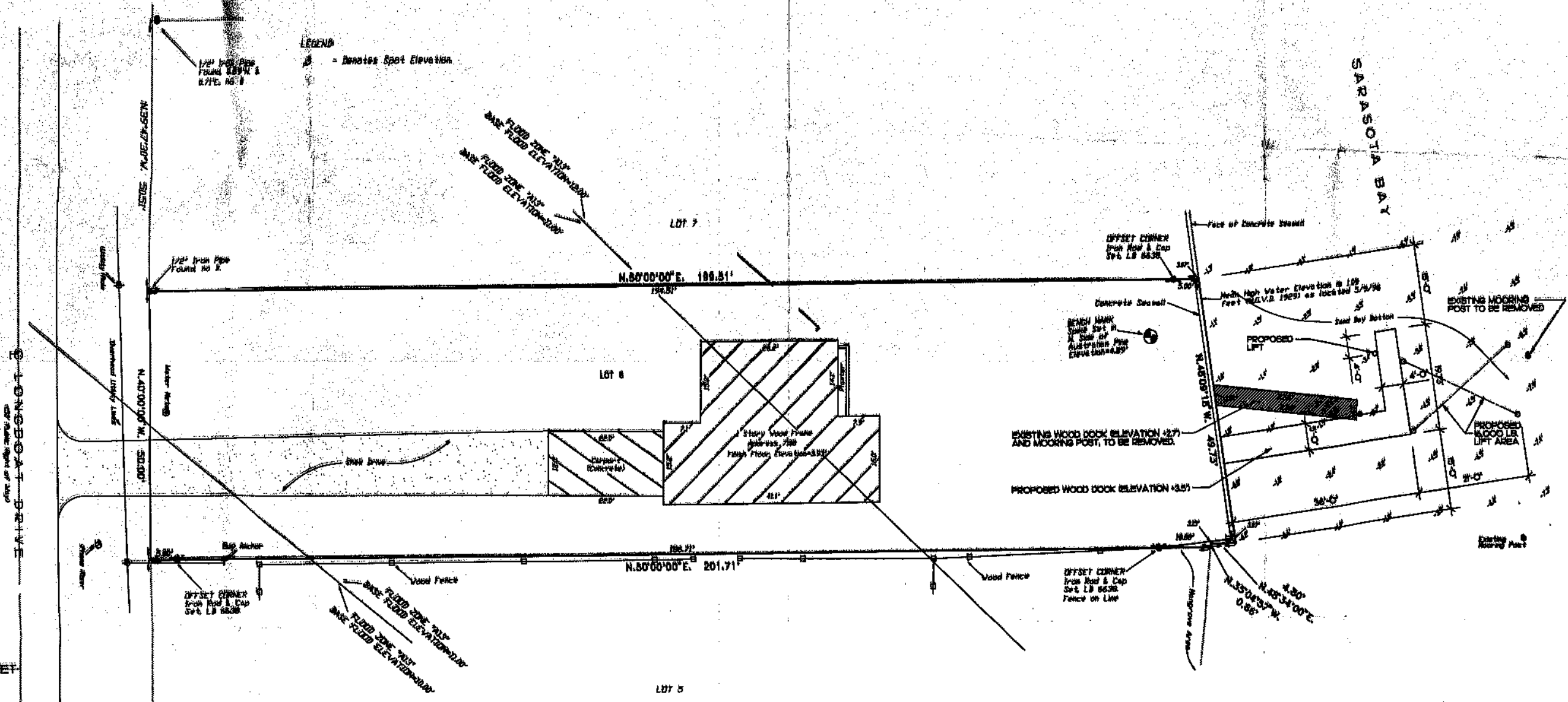
PREPARED BY THE FLORIDA DEPARTMENT OF REVENUE
FOR THE FLORIDA DEPARTMENT OF REVENUE
FOR ASSESSMENT PURPOSES ONLY

PRINTED
JUN 17 1986
MANATEE COUNTY
SPRING JOURNAL



SCHEMATIC DESIGN
 DESIGN DEVELOPMENT
 BIDDING AND ESTIMATING
 CONSTRUCTION DOCS.

North Arrow
 (Opposite of Location)



SITE PLAN

DESCRIPTION (Furnished)
 Lot 4, Block 21, LINDSEACH ON LONGBOAT KEY, Recorded in the Plat Book 6, Page 66, Public Records of Manatee County, Florida, being a Section 15, Township 35 South, Range 16 East, Manatee County, Florida.

PROJECT NOTES

1. SURVEY INFORMATION PROVIDED BY BRITT SURVEYING, INC., DATED MAY 10, 1994.
2. DEPT'S IS REFERENCED TO NHD.
3. MEAN HIGH WATER - +10.7'
4. MEAN LOW WATER - -0.4'
5. NO BEAVER DAMS OR OTHER HABITAT NOTED IN THE CONSTRUCTION AREA.
6. NO KNOWN CHANNEL EXISTS IN THE AREA.



FILE

A-1

PROJECT NUMBER: 000
 DATE ISSUED: 6/20/96
 REVISIONS:

A NEW DOCK AND LIFTS FOR
THE KILL COMPANY
 LONGBOAT KEY, FLORIDA

Handwritten signature and date: K. Kill 6/20/96

DESCRIPTION: (Furnished)

Lot 5, Block 21, LONGBOAT ON LONGBOAT KEY, recorded in the Plat Book 4, Page 68, Public Records of Manatee County, Florida, Being in Section 15, Township 35 South, Range 16 East, Manatee County, Florida.

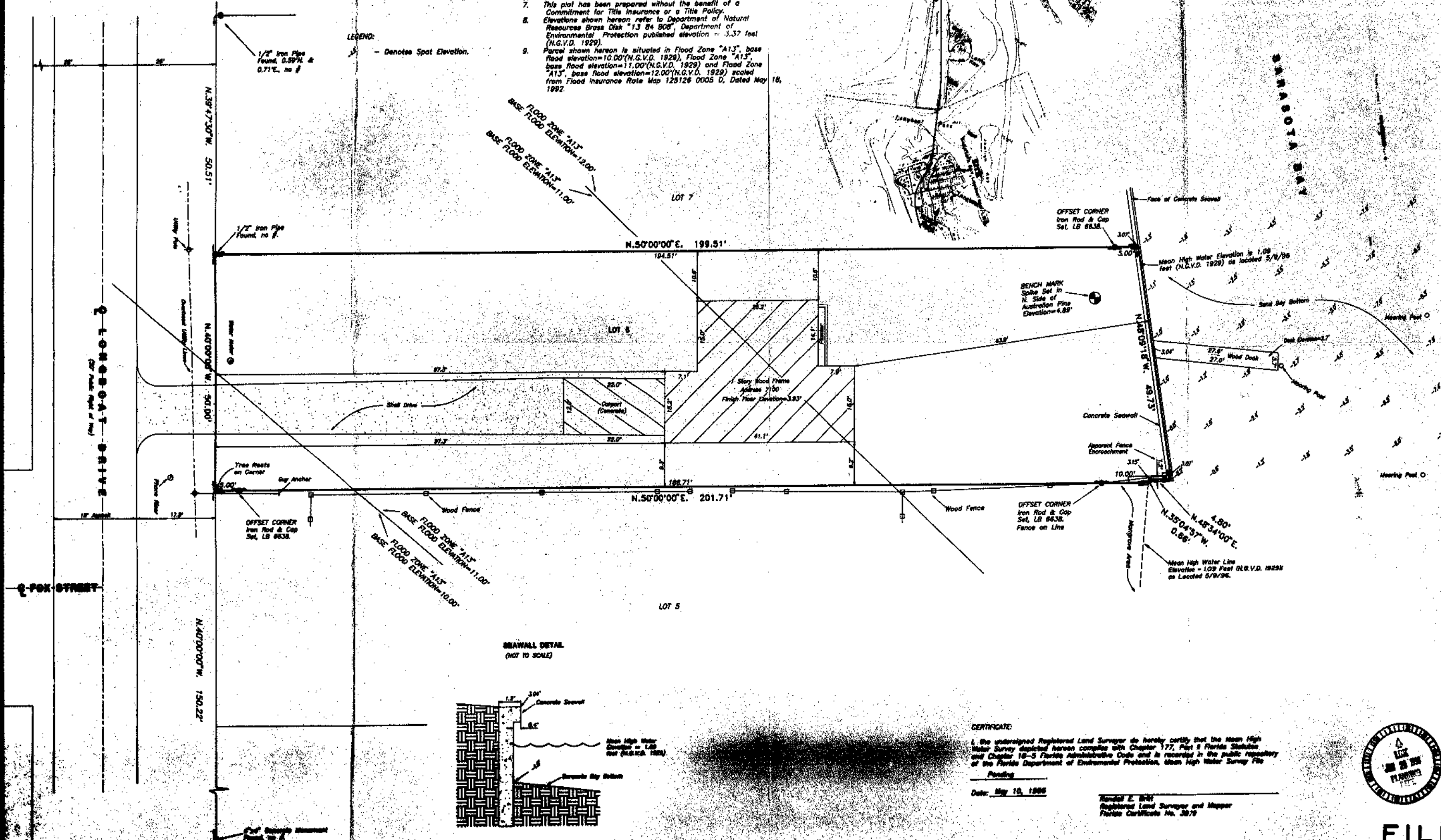
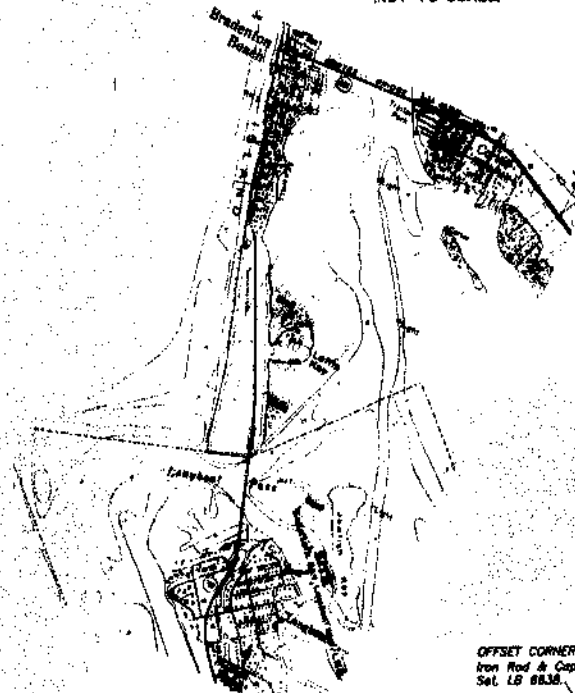
NOTES:

- This plat represents a boundary survey showing viable improvements, House Location, Finish Floor Elevation and a Topographic Survey.
- This plat represents a Mean High Water Survey. Mean High Water Elevation is 1.08 feet (N.G.V.D. 1929), based on Extension Tidal Datum from F.D.E.P. Mean High Water Survey File # 1038.
- Bearings shown hereon refer to an assumed meridian. The Northeastly Right of Way Line of Longboat Drive, being N.40°00'00"W.
- There may exist other underground fixed interior improvements which are not viable and are not a part of this survey.
- Description shown hereon has been furnished by the client.
- Subject to easements and rights of way of record, if any. Encroachments are shown hereon if any.
- This plat has been prepared without the benefit of a Commitment for Title Insurance or a Title Policy.
- Elevations shown hereon refer to Department of Natural Resources Brass Disk #13 84 908, Department of Environmental Protection published elevation = 3.37 feet (N.G.V.D. 1929).
- Parcel shown hereon is situated in Flood Zone "A13", base flood elevation=10.00'(N.G.V.D. 1929), Flood Zone "A13", base flood elevation=11.00'(N.G.V.D. 1929) and Flood Zone "A13", base flood elevation=12.00'(N.G.V.D. 1929) scaled from Flood Insurance Rate Map 125126 0005 D, Dated May 18, 1992.

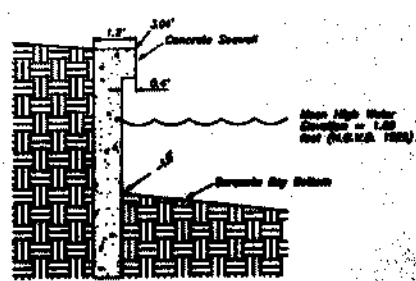
LEGEND:

- Denotes Spot Elevation.

LOCATION MAP (NOT TO SCALE)



SEAWALL DETAIL (NOT TO SCALE)



CERTIFICATE:

I, the undersigned Registered Land Surveyor do hereby certify that the Mean High Water Survey depicted hereon complies with Chapter 177, Part 3 Florida Statutes and Chapter 18-3 Florida Administrative Code and is recorded in the public repository of the Florida Department of Environmental Protection, Mean High Water Survey File Pending.

Date: May 10, 1996

Donald E. Bitt
Registered Land Surveyor and Mapper
Florida Certificate No. 3878



FILE

BRITT SURVEYING, INC.
LAND SURVEYORS AND MAPPERS

1400 OGDEN ROAD SUITE "B" VENICE, FLORIDA 34322 (813) 483-1266
BUILDING #1 280 COCONUT AVENUE UNIT #5 SARASOTA, FLORIDA 34238 (813) 483-1800

I, THE UNDERSIGNED REGISTERED LAND SURVEYOR DO HEREBY CERTIFY THAT THIS PLAT IS A TRUE REPRESENTATION OF THE LANDS DESCRIBED AND SHOWN HEREON ACCORDING TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT I AM A LICENSED SURVEYOR IN THE STATE OF FLORIDA (CHAPTER 18-3, FLORIDA ADMINISTRATIVE CODE PURSUANT TO SECTION 472.027, FLORIDA STATUTES)

May 10, 1996 DATE OF SURVEY

CERTIFIED TO:
MORTON GALEY, HARRISLEY & LOPEZ, P.A.
CREWES TITLE INSURANCE COMPANY
1111 GULF BLVD.
SARASOTA, FL 34236

FIELD BOOK: 248 PAGE(S): 28-47
JOB NUMBER: 84-05-17

SHEET 1 of 1