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:

OLDE SUTTON FOREST OWNERS ASSOCIATION INC
C/O SEAN M MURRELL, ESQUIRE, ATTORNEY AT LAW
35 DURBIN STATION COURT #106
SAINT JOHNS, FL 32259

9290 9969 0099 9705 0245 83

2. Article Number *(Transfer from service label)*

9214 7969 0099 9790 1805 0245 74

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Covid 19 ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Hzo Ubn

C. Date of Delivery 10-20-21

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
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

UNITED STATES POSTAL SERVICE

Code: 2021-0117TD

JACKSONVILLE FL 320

20 OCT 2021 PM 1 L

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

Clay County Clerk of Courts
P.O. Box 698
Green Cove Springs, FL 32043

9290 9969 0099 9705 0245 83

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:

PHILLIP WICKHAM, REGISTERED AGENT FOR
OLDE SUTTON FOREST OWNERS ASSOCIATION INC
767 BLANDING BLVD, SUITE 112
ORANGE PARK, FL 32065

9290 9969 0099 9705 0245 76

2. Article Number *(Transfer from service label)*

9214 7969 0099 9790 1805 0245 67

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☑ Agent
☐ Addressee

B. Received by (*Printed Name*) PHIL WICKHAM

C. Date of Delivery 10/28/21

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
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricte Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

UNITED STATES POSTAL SERVICE

Code: 2021-0117TD

JACKSONVILLE FL 320

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P.O. Box 698
Green Cove Springs, FL 32043

9290 9969 0099 9705 0245 76