

ORIGINAL
FILE COPY

ACK _____
AFA _____
APP _____
CAF _____
CMU _____
CTR _____
EAC _____
LEG _____
LIN _____
OP _____
RCH _____
SEC 1
WAS _____
OTH _____

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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.

1. Addressee's Address

2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to: 96658

4a. Article Number

type Insured OK

mail COD

delivery Return Receipt for Merchandise

PS Form 3811, December 1991 e.u.s. GPO: 1991-38114

Signature (Agent)

PS Form 3811, December 1991 e.u.s. GPO: 1991-38114

DOMESTIC RETURN RECEIPT

is your RET

OME Tequesta Point Condominium Association, In
88 Brickell Key Drive
iami FL 33131

96658

RECEIVED
MAIL
DEC 17 1996

DOCUMENT NUMBER-DATE
13377 DEC 17 96
FPSC-RECORDS/REPORTING