

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
Department of Environmental Protection Office of Intergovernmental Programs 3900 Commonwealth Boulevard, Mail Station 47 Tallahassee, FL 32399-3000 Attn: Jim Quinn, Environmental Manager	B. Received by (<i>Printed Name</i>)	C. Date of Delivery
<i>CPA 2010-09</i>	address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No <div style="text-align: right; font-size: 1.2em;">JAN 18 2011</div>	
2. Article Number (<i>Transfer from service label</i>)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

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South Florida Water Management District 3301 Gun Club Road West Palm Beach, FL 33406 Attn: Jim Jackson, A.I.C.P., Senior Supervisor	B. Received by (<i>Printed Name</i>) <i>SMITH E</i>	C. Date of Delivery <i>1/18/11</i>
Planner <i>CPA 2010-09</i>	address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No	
2. Article Number (<i>Transfer from service label</i>)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
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<p>Department of Transportation, District One Southwest Area Urban Office 2295 Victoria Avenue, Suite 292 Fort Myers, FL 33902 Attn: Lawrence Massey, Growth Management Coordinator</p> <p><i>CPA 2010-09</i></p>	<p>Enter delivery address below: <input type="checkbox"/> No</p> <p>Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7007 0710 0005 1078 6441</p>
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<p>Department of State Bureau of Historic Preservation 500 South Bronough Street Tallahassee, FL 32399-0250 Attn: Susan Harp, Historic Preservation Planner</p> <p><i>CPA 2010-09</i></p>	<p>DEPT OF STATE</p> <p>JAN 18 2011</p> <p>Enter delivery address below: <input type="checkbox"/> No</p> <p>Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7007 0710 0005 1078 6465</p>
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	B. (Received by) (Printed Name) Wendy Evans	C. Date of Delivery 1/18/11
Department of Agriculture and Consumer Services Bureau of Planning and Budgeting CA8, The Capitol Tallahassee, FL 32399-0810 Attn: Wendy Evans, Administrative Asst. II		
CPA 2010-09	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	7007 0710 0005 1078 6496	
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	B. Received by (Printed Name) FWCC	C. Date of Delivery JAN 18 2011
Florida Fish and Wildlife Conservation Commission Office of Policy and Stakeholder Coordination 620 South Meridian Street, Farris Bryant Building Tallahassee, FL 32399-1600 Attn: Mary Ann Poole, Director		
CPA 2010-09	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	7007 0710 0005 1078 6458	
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<p>1. Article Addressed to: Department of Community Affairs Division of Community Planning 2555 Shumard Oak Boulevard Tallahassee, FL 32399 Attn: Ray Eubanks, Plan Processing Administrator</p> <p><i>CRA 2010-09</i></p>	<p>B. Received by (Printed Name)</p>	<p>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>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label) 7007 0710 0005 1078 6489</p>		
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RECEIVED
 DIVISION OF COMMUNITY PLANNING
 FEB 19 2011

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<p>1. Southwest Florida Regional Planning Council 1926 Victoria Avenue Fort Myers, FL 33901 Attn: Mr. Ken Heatherington, Exec. Director</p> <p><i>CRA 2010-09</i></p>	<p>B. Received by (Printed Name) <i>Deb Koor</i></p>	<p>C. Date of Delivery <i>1/13</i></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>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label) 7007 0710 0005 1078 6427</p>		
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