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1. Article Addressed to <i>CPT 2010-05 correction</i>	B. Received by (Printed Name) <i>OCT 27 2011</i>	C. Date of Delivery
Ray Eubanks Plan Review Administrator Department of Economic Opportunity Bureau of Community Planning Caldwell Building 107 East Madison Street MSC 160 Tallahassee, FL 32399-6545	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>Lee Conway</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? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	7007 0710 0005 1079 9458	
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1. Article Addressed to <i>CPT 2010-05 Correction</i>	B. Received by (Printed Name) <i>J. N. R.</i>	C. Date of Delivery <i>OCT 25 2011</i>
South Florida Water Management District P.O. Box 24680 West Palm Beach, FL 33406 Attn: Jim Jackson, A.I.C.P., Senior Supervisor Planner	D. Is delivery address different from item 1? <input type="checkbox"/> Yes enter delivery address below: <input type="checkbox"/> No	
	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? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	7007 0710 0005 1079 9380	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

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<p>Southwest Florida Regional Planning Council 1926 Victoria Avenue Fort Myers, FL 33901 Attn: Mr. Ken Heatherington, Exec. Director</p>	
<p><i>CFA 2010-05 Correction</i></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) <i>7007 0710 0005 1079 9403</i></p>	
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<p>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</p>	<p>MALROOM #3</p>
<p><i>CFA 2010-05 Correction</i></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) <i>7007 0710 0005 1079 9427</i></p>	
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<p>1. Article Addressed to: Department of Agriculture and Consumer Services Office of Policy and Budget The Capitol, Plaza Level 8 Tallahassee, FL 32399-0800 Attn: Comprehensive Plan Review</p> <p><i>CPA 2010-05 Correction</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If YES, enter delivery address below:</small></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 <small>(Transfer from service label)</small></p>	<p>7007 0710 0005 1079 9441</p>
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<p>Department of Environmental Protection Office of Intergovernmental Programs 3900 Commonwealth Boulevard, Mail Station 47 Tallahassee, FL 32399-3000 Attn: Jim Quinn, Environmental Manager</p> <p><i>CPA 2010-05 Correction</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If YES, enter delivery address below:</small></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 <small>(Transfer from service label)</small></p>	<p>7007 0710 0005 1079 9434</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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Department of State Bureau of Historic Preservation 500 South Bronough Street Tallahassee, FL 32399-0250 Attn: Susan Harp, Historic Preservation Planner <i>CPA 2010-05 Correction</i>	B. Received by (Printed Name) <i>OCT 25 2011</i>	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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.		
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1 Department of Transportation, District One Southwest Area Urban Office 10041 Daniels Parkway Fort Myers, FL 33913 Attn: Lawrence Massey, Growth Management Coordinator <i>CPA 2010-05 Correction</i>	B. Received by (Printed Name) <i>M Snyder</i>	C. Date of Delivery <i>10/24/11</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes enter delivery address below: <input type="checkbox"/> No	
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? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label)	7007 0710 0005 1079 9397	
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SOUTHWEST FLORIDA
BOARD OF COUNTY COMMISSIONERS

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County Manager

Michael D. Hunt
County Attorney

Diana M. Parker
County Hearing Examiner

October 21, 2011

Ray Eubanks, Plan Review Administrator
Department of Economic Opportunity
Bureau of Community Planning
Caldwell Building
107 East Madison St MSC 160
Tallahassee, FL. 32399-6545

Re: Amendment 11-1ESR
2010/2011 Regular Comprehensive Plan Amendment Cycle
CORRECTION and replacement page for CPA2010-05 Staff Report

Dear Mr. Eubanks:

An error has been identified on page 47 of the Staff Report for CPA2010-05 - Community Plan for Northeast Lee County North Olga. Please see the attached correction/replacement page, which identifies the error. This error does not affect the final decision concerning the amendment; it merely corrects the commissioner who cast the single vote against the amendment. I apologize for any confusion this oversight may have caused.

By copy of this letter and attachment, the required reviewing agencies will also receive the correction/replacement page for Staff Report CPA2010-05.

Sincerely,

Department of Community Development,
Division of Planning

Paul O'Connor, AICP
Director

C. VOTE:

BRIAN BIGELOW	<u>NAY</u>
TAMMARA HALL	<u>AYE</u>
RAY JUDAH	<u>AYE</u>
FRANK MANN	<u>AYE NAY</u>
JOHN MANNING	<u>NAY AYE</u>