

RESOLUTION #90-201

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA MAKING FINDINGS AND DETERMINATIONS CONCERNING THE EXISTANCE AND REHABILITATION OF SLUMS OR BLIGHTED AREAS WITHIN ST. JOHNS COUNTY; FINDING A NEED FOR AND CREATING A PUBLIC BODY CORPORATE AND POLITIC TO BE KNOWN AS THE ST. JOHNS COUNTY COMMUNITY REDEVELOPMENT AGENCY; PROVIDING FOR LIBERALITY OF CONSTRUCTION AND FOR SEVERABILITY; PROVIDING AN EFFECTIVE DATE AND DIRECTING THE CLERK TO MAIL A CERTIFIED COPY OF THE RESOLUTION TO THE DEPARTMENT OF STATE.

WHEREAS, the Florida Legislature enacted Part III Chapter 163 Florida Statutes and made the following findings and declarations (among others) concerning Blighted Areas and the need for Community Redevelopment Agencies:

1. 163.335(1) There exist in counties of the state blighted areas which constitute a serious and growing menace, injurious to the public health, safety, morals, and welfare of the residents of the state; that the existence of such areas contributes substantially and increasingly to the spread of disease, constitutes an economic and social liability imposing onerous burdens which decrease the tax base and reduce tax revenues, and substantially impairs or arrests sound growth and retards the provision of housing accommodations.
2. 163.35(2) Certain blighted areas, or portions thereof, may require acquisition, and disposition subject to use restrictions, and can be conserved and rehabilitated through appropriate public actions as authorized under Part III Chapter 163 Florida Statutes and the cooperation and voluntary action of the owners and tenants of property in such areas.
3. 163.335(3) The powers conferred by Part III Chapter 163 Florida Statutes are for public uses and purposes for which money may be expended and the power of eminent domain and police power exercised, and the necessity in the public interest for such provisions in Part III Chapter 163 Florida Statutes is declared as a matter of legislative determination.
4. 163.335(4) The preservation or enhancement of the tax base from which a taxing authority realizes tax revenues is essential to its existence and financial health; the preservation and enhancement of such tax base is implicit in the purposes for which a taxing authority is established; and community redevelopment in such areas, when complete, will enhance such tax base and provide increased tax revenues to all affected taxing authorities increasing their ability to accomplish their other respective purposes;

WHEREAS, the Florida legislature declared in part (FS: 163.345) that any county, to the greatest extent it determines to be feasible in carrying out the provisions of Part III Chapter 163 Florida Statutes, shall afford maximum opportunity, consistent with the sound needs of the county as a whole, to the rehabilitation or redevelopment of a community redevelopment area by private enterprise. Any county shall give consideration to this objective in exercising its powers under Part III, including the formulation of a workable program; the approval of community redevelopment plans, the disposition of any property acquired and the provision of necessary public improvements, and

WHEREAS, there exists in St. Johns County many old and inadequate subdivisions that were recorded prior to the enactment of the County's subdivision regulations and that contain lots whose sizes are inadequate for sound and safe residential development, that contain poor or inadequate rights of ways for streets, utilities and drainage, that contain no mechanism for construction of necessary roads and drainage facilities; that contain lots owned by such diversity of ownership that coordinated planning is impractical if not impossible, and that contain one or more of the characteristics of a blighted area as determined by the Florida legislature.

NOW, THEREFORE, BE IT RESOLVED this 13th day of November, 1990 by the Board of County Commissioners of St. Johns County, Florida as follows:

Section 1. It is hereby found, determined and declared that:

- a) One or more slum or blighted areas, or one or more areas in which there is a shortage of housing affordable to residents of low or moderate income, including the elderly, exist in St. Johns County and in certain incorporated areas therein; and
- b) The rehabilitation, conservation, or redevelopment, or a combination thereof, of such area or areas is necessary in the interest of the public health, safety, morals, or welfare of the residents of St. Johns County; and
- c) There is a need for a community redevelopment agency to function in St. Johns County to carry out the community redevelopment purposes of Part III of Chapter 163 Florida Statutes; and

- d) The recitals of fact and declarations contained in the "Whereas" paragraphs of this Resolution are accurate and apply to St. Johns County and are adopted hereby; and
- e) All Notices required by Florida Statute 163.346 pertaining to this Resolution have been provided.

Section 2. To the extent permitted by applicable law including Florida Statute 163.356, there is hereby created a public body corporate and politic to be known as the St. Johns County Community Redevelopment Agency (the "Agency"). This Agency shall not be deemed to exist until and unless the Board of County Commissioners of St. Johns County shall also pass an Ordinance containing language purporting to create such Agency and appointing a board of commissioners of the Agency. The Agency created by this Resolution and/or by a subsequent Ordinance of St. Johns County shall be one and the same and shall constitute a Florida Statute 163.356 community redevelopment agency.

Section 3. LIBERAL CONSTRUCTION AND SEVERABILITY:

The provisions of this Resolution shall be liberally construed to effectively carry out its intent and purpose. If any section, phrase, sentence or portion of this Resolution is for any reason held invalid or unconstitutional by any Court of competent jurisdiction, such portion shall be deemed a separate, distinct and independent provision and such holdings shall not effect the validity of the remaining provisions hereof.

Section 4. EFFECTIVE DATE: This Resolution shall take effect immediately.

Section 5. CLERK IS DIRECTED TO FILE A CERTIFIED COPY WITH THE DEPARTMENT OF STATE:

The Clerk is requested and directed to file a certified copy of this Resolution with the Department of State and to obtain receipt of official acknowledgment from that office that this Resolution has been filed.

BOARD OF COUNTY COMMISSIONERS
OF ST. JOHNS COUNTY, FLORIDA

BY: *Craig Maguire*
Its Chairman

ATTEST: CARL "BUD" MARKEL, CLERK

BY: *Amy B. Mulligan*
Deputy Clerk

COPY OF ADVERTISEMENT

**NOTICE OF INTENT
TO CONSIDER
ENACTMENT OF
RESOLUTION**

NOTICE IS HEREBY GIVEN THAT THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, AT ITS REGULAR MEETING ON TUESDAY, NOVEMBER 13, 1990, AT 10:15 O'CLOCK A.M. IN THE COUNTY AUDITORIUM, COUNTY ADMINISTRATION BUILDING, 4020 LEWIS SPEEDWAY (COUNTY ROAD 14-A) AND U.S. #1 NORTH, ST. AUGUSTINE, FLORIDA, WILL HOLD A PUBLIC HEARING TO CONSIDER THE PASSAGE OF THE FOLLOWING RESOLUTION:

A RESOLUTION #90-
THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA MAKING FINDINGS AND DETERMINATIONS CONCERNING THE EXISTENCE AND REHABILITATION OF SLUMS OR BLIGHTED AREAS WITHIN ST. JOHNS COUNTY; FINDING A NEED FOR AND CREATING A PUBLIC BODY CORPORATE AND POLITIC TO BE KNOWN AS THE ST. JOHNS COUNTY COMMUNITY REDEVELOPMENT AGENCY; PROVIDING FOR LIBERALITY OF CONSTRUCTION AND FOR SEVERABILITY; PROVIDING AN EFFECTIVE DATE AND DIRECTING THE CLERK TO MAIL A CERTIFIED COPY OF THE RESOLUTION TO THE DEPARTMENT OF STATE.

The proposed Resolution is on file in the office of the Clerk of the Circuit Court, St. Johns County, Florida, St. Johns County Administration Building, Lewis Speedway, and may be examined by parties interested prior to said public hearing.

All parties having any interest in said Resolution will be afforded an opportunity to be heard at the public hearing.

If a person decides to appeal any decision made by the Board of County Commissioners with respect to any matter considered at the meeting or hearing, he will need a record of the proceedings, and for such purposes he 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.

BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA
Carl "Bud" Markel, Its Clerk
By Connie E. McDaniel
Deputy Clerk
L801 Oct. 22, 1990

The St. Augustine Record

PUBLISHED EVERY AFTERNOON MONDAY THROUGH FRIDAY, SATURDAY AND SUNDAY MORNING
ST. AUGUSTINE AND ST. JOHNS COUNTY, FLORIDA

STATE OF FLORIDA,
COUNTY OF ST. JOHNS

Before the undersigned authority personally appeared _____

TONYA THOMPSON

who on oath says that she is

ACCOUNTING CLERK

of the St. Augustine Record, a

daily newspaper published at St. Augustine in St. Johns County, Florida: that

the attached copy of advertisement, being a _____

NOTICE OF INTENT

in the matter of _____

RE: CONSIDER ENACTMENT OF RESOLUTION

in the _____ Court,

was published in said newspaper in the issues of _____

OCTOBER 22, 1990

Affiant further says that the St. Augustine Record is a newspaper published at St. Augustine, in said St. Johns County, Florida, and that the said newspaper has heretofore been continuously published in said St. Johns County, Florida, each day and has been entered as second class mail matter at the post office in the City of St. Augustine, in said St. Johns County, Florida, for a period of one year next preceding the first publication of the attached copy of advertisement; and affiant further says that she has neither paid nor promised any person, firm or corporation any discount, rebate, commission or refund for the purpose of securing the advertisement for publication in the said newspaper.

Sworn to and subscribed before me _____

this 23rd day of OCTOBER

A.D. 19 90

Zu Ann Johns
(SEAL) _____ Notary Public

8/22/93



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF ELECTIONS
Room 1802, The Capitol
Tallahassee, Florida 32399-0250
(904) 488-8427

RECEIVED

November 21, 1990

90 NOV 26 P1:01

Mr. Carl "Bud" Markel
County Clerk
Board of County Commissioners
St. Johns County
Post Office Drawer 300
St. Augustine, Florida 32085

Carl Markel
CLERK

Dear Mr. Markel:

Pursuant to the provisions of Section 125.66, Florida Statutes, this will acknowledge your letter of November 15, 1990 and certified copy of St. Johns County Ordinance Nos. 90-66 and 90-67 and Resolution No. 201, which were filed in this office on November 21, 1990.

Sincerely,

Liz Cloud^{ak}

Liz Cloud, Chief
Bureau of Administrative Code

LC/mb

The original letter is behind Ord. 90-66

All Entries MUST be in Ball Point or Typed

REGISTERED NO. R 418 710 766		POSTMARK OF 	
Post Office Completion	Reg. Fee \$ 4.40	Special Delivery \$	
	Handling Charge \$	Return Receipt \$	
	Postage \$.45	Restricted Delivery \$	
	Received by <i>MM</i>	<input type="checkbox"/> Intl	
Customer must declare Full value \$		<input type="checkbox"/> With Postal Insurance	<input checked="" type="checkbox"/> Without Postal Insurance
		\$25,000 Domestic Ins. Limit	
Customer Completion <i>(Please Print)</i>	FROM	Carl "Bud" Markel Clerk of Courts P.O. Drawer 300 St Augustine, FL 32085	
	TO	City of St Augustine Beach 2110 A1A South St Augustine Beach, 32084	

PS Form 3806, RECEIPT FOR REGISTERED MAIL (Customer Copy) June 1986 (See Information on Reverse)

All Entries MUST be in Ball Point or Typed

REGISTERED NO. R 418 710 767		POSTMARK OF 	
Post Office Completion	Reg. Fee \$ 4.40	Special Delivery \$	
	Handling Charge \$	Return Receipt \$.90	
	Postage \$.45	Restricted Delivery \$	
	Received by <i>MM</i>	<input type="checkbox"/> Intl	
Customer must declare Full value \$		<input type="checkbox"/> With Postal Insurance	<input checked="" type="checkbox"/> Without Postal Insurance
		\$25,000 Domestic Ins. Limit	
Customer Completion <i>(Please Print)</i>	FROM	Carl "Bud" Markel Clerk of Courts P.O. Drawer 300 St Augustine, FL 32085	
	TO	Town of Hastings % Mrs. David Smiley Hastings FL 32085	

PS Form 3806, RECEIPT FOR REGISTERED MAIL (Customer Copy) June 1986 (See Information on Reverse)

All Entries MUST be in Ball Point or Typed

REGISTERED NO. R 418 710 768		POSTMARK OF 	
Post Office Completion	Reg. Fee \$ 4.40	Special Delivery \$	
	Handling Charge \$	Return Receipt \$	
	Postage \$.45	Restricted Delivery \$	
	Received by <i>MM</i>	<input type="checkbox"/> Intl	
Customer must declare Full value \$		<input type="checkbox"/> With Postal Insurance	<input checked="" type="checkbox"/> Without Postal Insurance
		\$25,000 Domestic Ins. Limit	
Customer Completion <i>(Please Print)</i>	FROM	Carl "Bud" Markel Clerk of Courts P.O. Drawer 300 St Augustine, FL 32085	
	TO	Mrs. Carol Bryan Johns County Finance Division P.O. Drawer 300 St Augustine, FL 32085	

PS Form 3806, RECEIPT FOR REGISTERED MAIL (Customer Copy) June 1986 (See Information on Reverse)

All Entries MUST be in Ball Point or Typed

REGISTERED NO. R 418 710 771		POSTMARK OF AUGUSTINE, FL MAIN OFFICE OCT 17 1990 USPO	
Post Office Completion	Reg. Fee \$4.40	Special Delivery \$	
	Handling Charge \$	Return Receipt \$.90	
	Postage \$.45	Restricted Delivery \$	
Received by <i>Mark</i>		<input type="checkbox"/> Intl	
Customer must declare Full value \$		<input type="checkbox"/> With Postal Insurance <input checked="" type="checkbox"/> Without Postal Insurance \$25,000 Domestic Ins. Limit	
Customer Completion <i>(Please Print)</i>	FROM <i>Carl "Bud" Markel Clerk of Courts P.O. Drawer 300 St Augustine, Fl. 32085</i>		
	TO <i>St Augustine Airport Authority 270 Estrella Av. St Augustine, Fl. 32084</i>		

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All Entries MUST be in Ball Point or Typed

REGISTERED NO. R 418 710 769		POSTMARK OF AUGUSTINE, FL MAIN OFFICE OCT 17 1990 USPO	
Post Office Completion	Reg. Fee \$4.40	Special Delivery \$	
	Handling Charge \$	Return Receipt \$	
	Postage \$.45	Restricted Delivery \$	
Received by <i>Mark</i>		<input type="checkbox"/> Intl	
Customer must declare Full value \$		<input type="checkbox"/> With Postal Insurance <input checked="" type="checkbox"/> Without Postal Insurance \$25,000 Domestic Ins. Limit	
Customer Completion <i>(Please Print)</i>	FROM <i>Carl "Bud" Markel Clerk of Court P.O. Drawer 300 St. Augustine, Fl. 32085</i>		
	TO <i>St. Johns County - Anastasio Mosquito Control District P.O. Box 1409 St. Augustine, Fl. 32085-1409</i>		


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All Entries MUST be in Ball Point or Typed

REGISTERED NO. R 418 710 770		POSTMARK OF AUGUSTINE, FL MAIN OFFICE OCT 17 1990 USPO	
Post Office Completion	Reg. Fee \$4.40	Special Delivery \$	
	Handling Charge \$	Return Receipt \$.90	
	Postage \$.45	Restricted Delivery \$	
Received by <i>Mark</i>		<input type="checkbox"/> Intl	
Customer must declare Full value \$		<input type="checkbox"/> With Postal Insurance <input checked="" type="checkbox"/> Without Postal Insurance \$25,000 Domestic Ins. Limit	
Customer Completion <i>(Please Print)</i>	FROM <i>Carl "Bud" Markel Clerk of Courts P.O. Drawer 300 St Augustine, Fl. 32085</i>		
	TO <i>Hastings Drainage District P.O. Box 561 Hastings Fl. 32045-0561</i>		


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All Entries MUST be in Ball Point or Typed

REGISTERED NO. R 418 710 772		POSTMARK OF 	
Post Office Completion	Reg. Fee \$ 4.40	Special Delivery \$	
	Handling Charge \$	Return Receipt \$	
	Postage \$.45	Restricted Delivery \$	
Received by <i>[Signature]</i>		Int'l <input type="checkbox"/>	
Customer must declare Full value \$ <i>NV</i>		<input type="checkbox"/> With Postal Insurance <input checked="" type="checkbox"/> Without Postal Insurance \$25,000 Domestic Ins. Limit	
Customer Completion (Please Print)	FROM		
	Cant "Bud" Markel Clerk of Courts		
	P.O. Drawer 300 St. Augustine, Fl. 32085		
	Johns River Water Management District P.O. Box 1429 Palatka Fl. 32178-1429		


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All Entries MUST be in Ball Point or Typed

REGISTERED NO. R 418 710 773		POSTMARK OF 	
Post Office Completion	Reg. Fee \$ 4.40	Special Delivery \$	
	Handling Charge \$	Return Receipt \$.90	
	Postage \$.45	Restricted Delivery \$	
Received by <i>[Signature]</i>		Int'l <input type="checkbox"/>	
Customer must declare Full value \$ <i>NV</i>		<input type="checkbox"/> With Postal Insurance <input checked="" type="checkbox"/> Without Postal Insurance \$25,000 Domestic Ins. Limit	
Customer Completion (Please Print)	FROM		
	Cant "Bud" Markel Clerk of Courts		
	P.O. Drawer 300 St. Augustine Fl. 32085		
	Fla. Inland Navigation District at St. Augustine Executive Director 1314 Marcinaki Rd. Jupiter Fl. 33477-9427		

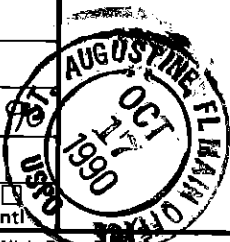
PS Form 3806, RECEIPT FOR REGISTERED MAIL (Customer Copy) June 1986 (See Information on Reverse)

All Entries MUST be in Ball Point or Typed

REGISTERED NO. R 418 710 774		POSTMARK OF 	
Post Office Completion	Reg. Fee \$ 4.40	Special Delivery \$	
	Handling Charge \$	Return Receipt \$.90	
	Postage \$.45	Restricted Delivery \$	
Received by <i>[Signature]</i>		Int'l <input type="checkbox"/>	
Customer must declare Full value \$ <i>NV</i>		<input type="checkbox"/> With Postal Insurance <input checked="" type="checkbox"/> Without Postal Insurance \$25,000 Domestic Ins. Limit	
Customer Completion (Please Print)	FROM		
	Cant "Bud" Markel Clerk of Courts		
	P.O. Drawer 300 St. Augustine, Fl. 32085		
	Johns County Health Dept. 180 Marine St. St. Augustine, Fl. 32084		

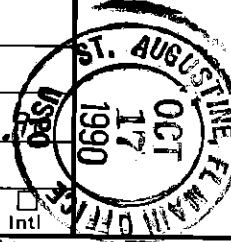
PS Form 3806, RECEIPT FOR REGISTERED MAIL (Customer Copy) June 1986 (See Information on Reverse)

All Entries MUST be in Ball Point or Typed

REGISTERED NO. R 418 710 775		POSTMARK OF 	
Post Office Completion	Reg. Fee \$4.40	Special Delivery \$	
	Handling Charge \$	Return Receipt \$	90
	Postage \$.45	Restricted Delivery \$	
Received by <i>[Signature]</i>		<input type="checkbox"/> Intl	
Customer must declare Full value \$ <i>NV</i>			
		<input type="checkbox"/> With Postal Insurance	<input checked="" type="checkbox"/> Without Post-al Insurance
\$25,000 Domestic Ins. Limit			
Customer Completion <i>(Please Print)</i>	FROM		
	Carl "Bud" Markel Clerk of Courts P.O. Drawer 300 St. Augustine, Fl. 32085-0300 Flagler Estates Water Control District - Mark Stanton		
	TO		
	P.O. Box 459 Palatka, Fl. 32178		

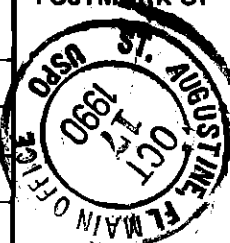
PS Form 3806, RECEIPT FOR REGISTERED MAIL (Customer Copy) June 1986 (See Information on Reverse)

All Entries MUST be in Ball Point or Typed

REGISTERED NO. R 418 710 776		POSTMARK OF 	
Post Office Completion	Reg. Fee \$4.40	Special Delivery \$	
	Handling Charge \$	Return Receipt \$	90
	Postage \$.45	Restricted Delivery \$	
Received by <i>[Signature]</i>		<input type="checkbox"/> Intl	
Customer must declare Full value \$ <i>NV</i>			
		<input type="checkbox"/> With Postal Insurance	<input checked="" type="checkbox"/> Without Post-al Insurance
\$25,000 Domestic Ins. Limit			
Customer Completion <i>(Please Print)</i>	FROM		
	Carl "Bud" Markel Clerk of Courts P.O. Drawer 300 St. Augustine, Fl. 32085		
	TO		
	Johns County School Board 40 Orange St. - Finance Dir. St. Augustine Fl. 32084		


PS Form 3806, RECEIPT FOR REGISTERED MAIL (Customer Copy) June 1986 (See Information on Reverse)

All Entries MUST be in Ball Point or Typed

REGISTERED NO. R 418 710 777		POSTMARK OF 	
Post Office Completion	Reg. Fee \$4.40	Special Delivery \$	
	Handling Charge \$	Return Receipt \$	90
	Postage \$.45	Restricted Delivery \$	
Received by <i>[Signature]</i>		<input type="checkbox"/> Intl	
Customer must declare Full value \$ <i>NV</i>			
		<input type="checkbox"/> With Postal Insurance	<input checked="" type="checkbox"/> Without Post-al Insurance
\$25,000 Domestic Ins. Limit			
Customer Completion <i>(Please Print)</i>	FROM		
	Carl "Bud" Markel Clerk of Courts P.O. Drawer 300 St. Augustine, Fl. 32085		
	TO		
	City of St. Augustine - Finance Director P.O. Drawer 210 St. Augustine, Fl. 32085-0210		

PS Form 3806, RECEIPT FOR REGISTERED MAIL (Customer Copy) June 1986 (See Information on Reverse)

All Entries MUST be in Ball Point or Typed

REGISTERED NO. R 418 710 778		POSTMARK OF 	
Post Office Completion	Reg. Fee \$4.40	Special Delivery \$	
	Handling Charge \$	Return Receipt \$	90
	Postage \$.45	Restricted Delivery \$	
Received by <i>[Signature]</i>		<input type="checkbox"/> Intl	
Customer must declare Full value \$ <i>NV</i>			
		<input type="checkbox"/> With Postal Insurance	<input checked="" type="checkbox"/> Without Post-al Insurance
\$25,000 Domestic Ins. Limit			
Customer Completion <i>(Please Print)</i>	FROM		
	Carl "Bud" Markel Clerk of Courts P.O. Drawer 300 St. Augustine, Fl. 32085		
	TO		
	Ponte Vedra Beach Municipal Service Dist. P.O. Box 1323 Ponte Vedra Bch, Fl. 32004-1323		

PS Form 3806, RECEIPT FOR REGISTERED MAIL (Customer Copy) June 1986 (See Information on Reverse)

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: City of St Augustine Beach 2110 A1A South St Augustine, Beach, FL. Attn: Secretary 32084	4. Article Number R 418 710 766
5. Signature - Addressee X <i>[Signature]</i>	Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
6. Signature - Agent X	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery 10-18	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: City of St Augustine P.O. Drawer 210 St Augustine, FL 32085-0210 Attn: Finance Director	4. Article Number R 418 710 777
5. Signature - Addressee X	Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
6. Signature - Agent X <i>[Signature]</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery 10-22-80	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Ponte Vedra Beach Municipal Services District P.O. Box 1323 Ponte Vedra Beach, FL 32004-1323	4. Article Number R 418 710 778
5. Signature - Addressee X	Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
6. Signature - Agent X <i>[Signature]</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery 10-22-80	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: St Augustine Airport Authority 270 Estrella Av. St Augustine, FL 32084	4. Article Number R 418 710 771
Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .	
5. Signature - Addressee X <i>Donnie J. Jone</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 10-18-90	

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: St Johns River Water Management District P. O. Box 1429 Palatka, FL 32178-1429 Attn: Mr. Ryda	4. Article Number R 418 710 772
Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .	
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>J. Purlock</i>	
7. Date of Delivery 10/18/90	

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Florida Inland Navigation District 1314 Marcinski Rd. Jupiter, FL 33477-	4. Article Number R 418 710 773
Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .	
5. Signature - Addressee X <i>Shonda Morgan</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 10-19-90	

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: St Johns County Health Dept. 180 Marine St. St Augustine, FL 32084	4. Article Number R 418 710 774
Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee X <i>S. Naughtey</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 10-18-90	

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

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1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Flagler Estates Water Control District P.O. Box 459 Palatka, FL 32178 attn: Mark Stanton	4. Article Number R 418 710 775
Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee X <i>M. Hawkins</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery	

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

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1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: St Johns County School Board 40 Orange St. St Augustine, FL 3208 attn: Finance Director	4. Article Number R 418 710 776
Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>Shelly Mason</i>	
7. Date of Delivery 10-18-90	

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

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1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

<p>3. Article Addressed to:</p> <p>Hastings Drainage District P. O. Box 561 Hastings, N. 32045-0561 % Wayne Smith - 9700 Hastings Hastings, N. 32045 32045</p>	<p>4. Article Number R 418 710 770</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p>Always obtain signature of addressee or agent and <u>DATE DELIVERED</u>.</p>
<p>5. Signature - Addressee X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature - Agent X <i>James Bennett</i></p>	
<p>7. Date of Delivery 10-26-90</p>	

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

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1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: <i>Town of Hastings % Mrs. Harold Smyly Hastings, Fl. 32045</i>	4. Article Number <i>R 418 710 769</i>
	Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <i>Sam Stevens</i>	
7. Date of Delivery <i>10-19-80</i>	

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

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1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: <i>Mrs. Carol Bryan St Johns County Florida P.O. Drawer 300 St. Augustine, Fl. 32085</i>	4. Article Number <i>R 418 710 768</i>
	Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
5. Signature - Addressee X <i>J. Evans</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery <i>10-18</i>	

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

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1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: <i>St Johns County Anastasia mosquito Control District P.O. Box 1409 St. Augustine, Fl. 32085-1409</i>	4. Article Number <i>R 418 710 769</i>
	Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>James W. W...</i>	
7. Date of Delivery <i>10/17/80</i>	

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT