

GULF AIRE OF VENICE CONDOMINIUM ASSOCIATION, INC.

P. O. Box 1353  
Venice, Florida 34284-1353

LIMITED PROXY

The undersigned, owner(s) or designated voter of unit No. \_\_\_\_\_ in Gulf Aire Condominium appoints:

\_\_\_\_\_  
(PRINT NAME OF PROXY HOLDER)

or Jim Folck, President, as my proxy holder to attend the meeting of the members of Gulf Aire of Venice Condominium Association, Inc., to be held March 1, 2019 at 5:00PM in the City of Venice City Hall, Community Room, Venice, Florida, 401 W. Venice Avenue, West entrance. The proxy holder named above has the authority to vote and act for me to the same extent that I would if personally present, with power of substitution, except that my proxy holder's authority is limited as indicated below:

GENERAL POWERS (You may choose to grant general powers, limited powers or both. Check "General Powers" if you want your proxy holder to vote on other issues which might come up at the meeting and for which a limited proxy is not required).

\_\_\_\_\_ I authorize and instruct my proxy to use his or her best judgment on all other matters which properly come before the meeting and for which a general power may be used.

LIMITED POWERS (FOR YOUR VOTE TO BE COUNTED ON THE FOLLOWING ISSUES, YOU MUST INDICATE YOUR PREFERENCE IN THE BLANK(S) PROVIDED BELOW).

I SPECIFICALLY AUTHORIZE AND INSTRUCT MY PROXY HOLDER TO CAST MY VOTE IN REFERENCE TO THE FOLLOWING MATTERS AS INDICATED BELOW:

A. Do you want to provide for a lower level of year-end financial reporting than is required by § 718.111(13), Florida Statutes, for the next fiscal/calendar year? Currently, the Association is required to prepare a Report of Cash receipts and Expenditures.

\_\_\_\_\_ YES \_\_\_\_\_ NO

Vote for one of the board proposed options: (The option with the most votes will be the one implemented.) (The Board of Directors recommends a NO Vote for A.).

Reserve Funding Waiver

WAIVING OF RESERVES, IN WHOLE OR IN PART OR ALLOWING ALTERNATIVE USES OF EXISTING RESERVES MAY RESULT IN UNIT OWNER LIABILITY FOR PAYMENT OF UNANTICIPATED SPECIAL ASSESSMENTS REGARDING THOSE ITEMS:

B. Do you want to provide for less than full funding of reserves than is required by § 718.112(2) (f), Florida Statutes, for the next fiscal/calendar year?

\_\_\_\_\_ YES \_\_\_\_\_ NO

Vote for one of the board proposed options: (The option with the most votes will be the one implemented.) (The Board of Directors recommends a NO Vote for B.).

DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE(S) of OWNER(S) OR DESIGNATED VOTER

#### SUBSTITUTION OF PROXY HOLDER

The undersigned, appointed as proxy holder above, designates \_\_\_\_\_  
to substitute for me in voting the proxy as set forth above. (Print name)

\_\_\_\_\_  
Signature of proxy holder Date: \_\_\_\_\_

THIS PROXY IS REVOCABLE BY THE UNIT OWNER AND IS VALID ONLY FOR THE MEETING FOR WHICH IT IS GIVEN AND ANY LAWFUL ADJOURNMENT. IN NO EVENT IS THE PROXY VALID FOR MORE THAN NINETY (90) DAYS FROM THE DATE OF THE ORIGINAL MEETING FOR WHICH IT WAS GIVEN.