

FOXWOOD LIMITED PROXY FORM

Directions: Please fill out this limited proxy form and mail it to **Sunstate Association Management Group at P.O. Box 18809, Sarasota, Florida 34276. You may also email it to nicole@sunstatemanagement.com** . Only one home owner needs to sign. Do not fill out the Substitution of Proxy Holder form. Your proxy holder will need to fill it out if he or she cannot attend the meeting.

LIMITED PROXY FOXWOOD HOMEOWNERS ASSOCIATION, INC.

The undersigned owner of a Foxwood home, who resides at _____ in Foxwood Homeowners Association (your address) in Foxwood as a member of the Foxwood Homeowners Association, hereby designates and appoints Mr./Ms. _____ (another Lot/home owner), as my Proxy holder to attend and vote as described herein at the annual meeting of the members of the Foxwood Homeowners Association, Inc., currently scheduled to take place at **The Steenbarger Residence, 20510 79th Avenue East, Bradenton FL 34202 on Saturday, May 25th, 2019 at 3p.m.** If left blank, I appoint Nikki Olarsch, President of the Association, as my Proxy. 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. The Proxy holder's authority is limited as indicated below:

LIMITED POWERS: (FOR YOUR VOTE TO BE COUNTED ON THE FOLLOWING ISSUE, 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:

CARRYOVER: Any excess of Membership Income over Membership Expenses for the year ended December 31, 2018, as defined in IRC Sec 277 shall be applied against the subsequent tax year members' assessments (operating or reserve) as provided by IRS Revenue Ruling 70-064. (If not carried forward the excess would be subject to Corporate Income Tax.) The Board recommends you vote YES for the carryover.

_____ YES _____ NO A check in the "YES" box means that you are in favor of the carryover.

Date: _____
Signature of Unit Owner

Print your name here: _____

Print your address here: _____

Substitution of Proxy Holder

DO NOT FILL OUT – YOUR PROXY HOLD WILL NEED TO FILL OUT IF HE OR SHE CANNOT ATTEND

The undersigned, appointed as proxy holder above, designates _____ to substitute for me in voting the proxy as set forth above.

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 MEETINGS FOR WHICH IT WAS GIVEN.