

WISTERIA PARK HOMEOWNERS' ASSOCIATION, INC.

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 homeowner 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. The Limited proxy for WISTERIA PARK HOMEOWNERS' ASSOCIATION, INC., the undersigned owner of a Wisteria Park home, who resides at _____ (Your address here) in **WISTERIA PARK HOMEOWNERS' ASSOCIATION, INC.**, as a member of the **WISTERIA PARK HOMEOWNERS ASSOCIATION, INC.**, hereby designates and appoints Mr. /Ms. _____ (another homeowner or the secretary), as my Proxy holder, If left blank, I appoint Maureen Hooper, as my Proxy. to attend and vote as described herein at the annual meeting of the members of the **WISTERIA PARK HOMEOWNERS' ASSOCIATION, INC.** Currently scheduled to take place at **On Monday, January 24, 2022 at 3pm via ZOOM. Click the link below to Join Zoom Meeting <https://us06web.zoom.us/j/98553008885?pwd=aTZlbHZVMk5ibjA4SDZDVEx4c2xidz09>**

Meeting ID: 985 5300 8885 and Passcode: 221360 Or Dial in +1 646 558 8656

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, 2021, 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 FOR the carryover.

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

Date: _____

Signature of Homeowner

Print your name here: _____

Print you address here: _____

Substitution of Proxy Holder

(Do not fill out the substitution of proxy form. That will only be filled out if your proxy 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 HOMEOWNER 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.