

PROXY WILL ALSO BE USED TO ESTABLISH A QUORUM

Gardens of Forest Lakes CONDO Assn.

The undersigned owner(s) or designated vote of _____ Address

in **Gardens of Forest Lakes Condo Assn.** hereby appoints the **Secretary** of the Association or _____ as my proxy-holder to **ATTEND** the 2024 Budget Meeting of **GARDENS OF FOREST LAKE ASSN.** to be held on **Tuesday, December 05, 2023 at 5:00 PM at Ameri-Tech Community Management, 24701 US HWY 19 N, Suite 102, Clearwater, FL 33763**

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, including the establishment of a quorum, in all matters before the membership, 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 require.

_____ I authorize and instruct my proxy holder to use his or her best judgement on all other matters which properly come before the meeting and for which a general proxy 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 I have indicated below:

Waiver of Year-End Financial Reporting Requirement:

I cast my vote to waive the requirement for a Review financial statement for 2023 as required by the Florida Statutes and provide in lieu thereof a Report of Cash Receipts and Expenditures in accordance with the Florida Statutes and 61B-22.006 of the Florida Administrative Code.

_____ **Yes** _____ **No**

(Board recommended)

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.

Do you want to **waive fully funding** the reserve accounts, and **partially** fund the reserve requirements as stipulated on the attached 2024 budget that is required by Florida Statutes, for the next fiscal/calendar year?

_____ **YES** _____ **NO**

(Board recommended)

Signature of Owner or Designated Voter: _____ Signature of Co-Owner: _____ Date: _____

Print Name: _____ Print Name: _____ Date: _____

SUBSTITUTION OF PROXY HOLDER

The undersigned, appointed as proxy holder above, designates

To substitute for me in voting the proxy set forth above. _____ (Print Name)

Dated: _____

(Signature of Proxy-holder)

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.