

Parkside Place Homeowners Association, Inc.

Leland Management, 1290 Highway A1A, Ste. # 103 (321) 549-0721 Fax (321)549-0715

In order to conduct this meeting a quorum of the membership must be established either in person or via this limited proxy. It is very important that you send the proxy in if you cannot attend in person.

LIMITED PROXY

The undersigned hereby appoint _____ or the Secretary of the Association as proxy, with full power of substitution, to attend the meeting of the members of Parkside Place HOA, Inc. to be held on Tuesday, November 24, 2015 at 6:30 PM at Parkside Place Clubhouse located on 1309 Parkside Place, Satellite Beach, FL 32937.

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.

____ **LIMITED POWERS.** I specifically authorize and instruct my proxy holder to cast my vote in reference to the following matter as indicated below.

Matter 1- Straight Line Method versus Pooled Method

The Association Reserves are currently set up using a straight line method. If there are insufficient funds in a category, the Association cannot utilize funds from another category to pay for needed reserve projects. The pooled method would allow the Association to utilize funds from the total pool as necessary. **Please check one option only.**

____ **YES, in favor of changing the reserve chart of accounts from a straight line method to a pooled method.**

____ **NO, not in favor of changing the reserve chart of accounts from a straight line method to a pooled method.**

Matter 2- Amend the Reserve Chart of Accounts

Please refer to the attached table with the current reserve chart of accounts and the request for change of Reserve Chart of accounts. **Please check one option only.**

____ **YES, in favor of changing the Reserve Chart of Account Categories.**

____ **NO, not in favor of changing the Reserve Chart of Account Categories.**

Dated this ____ day of _____, 20__.

If the unit is owned by more than one person, all owners must sign.

Signature of Owner

Signature of Owner

Unit # Address _____

SUBSTITUTION OF PROXY

The undersigned, appointed as proxy above, does hereby designate _____
_____ to substitute for me in the proxy set forth above.

Dated this ____ day of _____, 20__.

PROXY

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 the ninety (90) Days from the date of the original meeting for which it was given.