

Official Proxy - Part One

The Ocean Landings Condominium Association, Inc. will hold its Annual Membership Meeting on August 13, 2017 at 2:00 p.m. The meeting will be held at Ocean Landing's Banquet Room, 900 N. Atlantic Avenue, Cocoa Beach, Florida 32931.

Date _____

A. OWNER INFORMATION

Owner's Name _____ Co-Owner Name _____
Please print Please print

Owner's Signature _____ Co-Owner Signature _____

Corporate Signature _____

B. PROXY AUTHORIZATION

GENERAL PROXY Proxy may vote on all matters in my behalf as he or she desires on all issues.
Name of Proxy Holder _____

LIMITED PROXY Proxy may vote ONLY as I have marked.
Name of Proxy Holder _____

Note: In the event the name of the proxy holder is left blank above, then James E. Robertson III, Secretary is hereby named as the proxy holder.

- ONLY those selecting Limited Proxy need to complete Items C, D and E.
- Everyone should complete Item F.

C. CANDIDATES (you may only vote for up to three (3) candidates)

- James P. Gaines
- Dick Gerhardt
- Ruth A. Lovelace
- Gregory J. Malone
- Gregg McConnell
- James E. Robertson III
- John L. Storzaker, Jr

D. RESERVES BUDGET FUNDING - 2018

Note: "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."

Full Funding for 2018

Reduced Funding for 2018

Note: Reserve funding will be in the budgeted amount. Interest earned on Reserves will be treated as operating funds.

(PROXY CONTINUES ON NEXT PAGE)

Official Proxy – Part 2

E. APPLICATION OF INCOME RECEIVED IN EXCESS OF EXPENSES

- I approve excess income received by association over expenses for the current period be applied to offset future period potential losses. I do not approve

F. Unit(s) / Week(s) Owned: _____

**Voter Authorization Form For
Multiple Owners, Corporations, and Partnerships**

As per the Declaration of Condominium, Section VIII, "Membership & Voting Rights" We, the undersigned, being all of the owners of unit week(s)

do hereby certify that the following named one of us is the authorized voter for the foregoing units and shall remain such designated voter until this authorization is revoked by subsequent actions.

Name of Authorized Voter _____ Date _____

(Select the category below which describes your form of ownership and sign in the appropriate places)

We are all natural persons who are owners of the above described unit/week(s).

Signature _____ Signature _____

Signature _____ Signature _____

Signature _____ Signature _____

We are the President or Vice-President, and Secretary or Assistant Secretary of the Corporation which owns the above described unit/week(s).

President/Vice-President: _____

Secretary/Assistant Secretary: _____

I am a General Partner of the general or limited partnership which owns the above described unit/week(s).

Signature _____