

LIMITED PROXY FORM

The undersigned, owner(s) of (insert address or unit number) _____ in Enchanting Shores Co-Op, Inc., hereby appoints:

(check one)

_____ (a) the Secretary of the Association, on behalf of the Board of Directors; or

_____ (b) (if you check (b), write in the name of your proxy holder)

as my/our proxy holder to attend the annual meeting of the members of Enchanting Shores Co-Op, Inc. to be held on **February 14, 2025 at 9:30 am**, at the Enchanting Shores Recreation Hall, 17 Turquoise Avenue, Naples FL 34114, and any adjournment thereof. Failure to check either (a) or (b) above, or failure to write in the name of your proxy, shall be deemed an appointment of the Association director/officer listed in (a) above as your proxy holder. The proxy holder named above has the authority to vote and act for me/us to the same extent that I/we would if personally present, with power of substitution, except that my proxy holder's authority is limited as indicated below:

(You may choose to grant general powers, limited powers or both. Check "General Powers" below 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 required.)

_____ **GENERAL POWERS.** I authorize and instruct my proxy to use his or her best judgment on all other matters which properly come before the meeting and for which a general power 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/WE SPECIFICALLY AUTHORIZE AND INSTRUCT MY PROXY HOLDER TO CAST MY VOTE IN REFERENCE TO THE FOLLOWING MATTERS AS INDICATED BELOW:

- a. **Vote to approve the waiver** of the requirement for a Compiled, Reviewed or Audited financial statement for fiscal year 2025 and authorize the Association to provide in lieu thereof a Report of Cash Receipts and Expenditures in accordance with Chapter 719.104(4) of the Florida Statutes and 61B-76.006 of the Florida Administrative Code.

_____ **Vote YES for waiver**
(audit will **not** be performed)

_____ **Vote NO for waiver**
(audit **will** be performed)

All Owner(s) of the unit must sign and date here:

Sign: _____

Sign: _____

Print Name: _____

Print Name: _____

Date: _____

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 MEETING FOR WHICH IT WAS GIVEN.

Substitution of Proxy Holder

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

Signature of proxy holder: _____ Date: _____