## ST. AUGUSTINE OCEAN AND RACQUET CLUB CONDOMINIUM ASSOCIATION

## LIMITED PROXY

**Instructions:** If you do not plan to be present for the Special Membership Meeting of the Owners to be held on Thursday, August 10, 2023 at the Ocean and Racquet COA Clubhouse located at 880 A1A Beach Blvd., St. Augustine, FL 32080, it is important that you complete and return this proxy so that quorum can be obtained and so that you may cast your vote on the proposed budget.

**Mail to:** 120 Sea Grove Main Street, St. Augustine, FL 32080, or e-mail to elumpkin@sovereign-jacobs.com, or hand deliver, or fax to 904-471-7855, no later than Wednesday, August 9, 2023. Or alternatively, you may complete this limited proxy online through My Green Condo.

I, the undersigned, being the owner of _____in St. Augustine Ocean and Racquet Club Condominium Association of St. Augustine Beach, Inc. which address is _____ do hereby appoint as my attorney-in-fact, _____, *or in the absence of specifically naming an attorney-in-fact, the Secretary of the Association,* as my Proxy holder to attend the meeting of the members of St. Augustine Ocean and Racquet Cllub Condominium Association., to be held on Thursday, August 10, 2023 at 880 A1A Beach Blvd., St. Augustine, FL 32080. 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. This proxy can be revoked at any time at the pleasure of the undersigned. 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 below:

**LIMITED POWERS : THIS IS AN OFFICIAL VOTE**

I authorize and instruct my proxy holder to cast my vote in reference to the following matter as indicated below by checking only one box:

**Approve or Disapprove the Special Assessment:**

| | | |
|---|---|---|
| **Approve Special Assessment for Insurance** | _____ | This option WILL approve the Special Assessment for insurance as attached and recommended by the Board of Directors. ($730 per unit) |
| **Disapprove Special Assessment for Insurance** | _____ | This option WILL NOT approve the Special Assessment for insurance as attached. |

**DATED** this_____day of_____, 2023.

_____ _____

Owner or Designated Voter's Signature Print Owner or Designated Voter's Name

_____ _____

Owner or Designated Voter's Signature Print Owner or Designated Voter's Name

Residence Address: _____

E-mail Address: _____

| Substitution of Proxy (if necessary) |
|---|

The undersigned, appointed as proxy above, does hereby designate_____

Print Name of Substitute Proxy holder

to substitute for me in the proxy set forth above.

**DATED** this ____day of _____2023.

_____

Proxy Holder