SORRENTO EAST PROPERTY OWNERS ASSOCIATION, INC.

P. O. BOX 232

NOKOMIS, FL 34274-0232

# PROXY

KNOW ALL PERSONS BY THESE PRESENTS THAT:

The undersigned property owner as listed on Sarasota County records of Unit # \_\_\_\_, Lot #\_\_\_\_\_, Block #\_\_\_\_\_, or property address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

an eligible voter, hereby appoints \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, an eligible voter, as proxy with full power of substitution for and in the name, place and stead of the undersigned, to vote as proxy at the Annual Membership meeting of the Association to be held on **November 7th, 2020, at 12:00 pm**

**Meeting location: SEPOA owned property at Lakewood Drive and W. Rossetti Drive Nokomis, FL 34275**,and to cast the undersigned’s vote on all matters which may properly come before the meeting including without limitation to vote on a specific motion, recommendation or business matter and to vote on the election of Officers and Directors. The undersigned ratify and confirm any and all acts that the proxy may do or cause to be done, at the meeting referred to above or at any adjournment or continuation of it and revoke all prior proxies.

***PROXY MUST BE SIGNED BY ALL PROPERTY OWNERS AS LISTED ON SARASOTA COUNTY RECORDS AND TWO WITNESSES OR SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.***

Dated this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness **OWNER SIGNATURE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Print Name**

Witness

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OWNER SIGNATURE**

Witness

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Print Name**

Witness

STATE OF FLORIDA

COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me this \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020, by

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is/are personally known to

me or who have produced \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as identification.

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ———————————————————

 Print Name: