

LIMITED PROXY FORM

The undersigned, owner(s) or designated voter of _____ Grande Reserve Way Unit No. _____ in **Grande Reserve at Pelican Strand**

Leave blank unless you would like to appoint someone other than the Secretary of the Board of Directors as the proxy holder. _____ or the **Secretary of the Board of Directors**, as my proxy holder to attend the Meeting of the members of **Grande Reserve at Pelican Strand.**, to be held **March 10, 2026 at 5:15 pm Via Zoom and at Grande Reserve Clubhouse, Naples, Florida.** (Note: If no other proxyholder is named above, the Secretary shall be the proxyholder). The proxy holder named above has the authority to vote and act for me to the same extent that I would if personally present except that my proxy holder's authority is limited as indicated below. This proxy will be used for establishing a quorum and for recording any vote required below. The proxy holder has the power of substitution, which can be made by completing the 'Substitution of Proxy' below.

▪ **GENERAL POWERS:** (You may choose to grant general powers, limited powers or both. Check the blank immediately below this paragraph if you want your proxyholder to have general powers to vote on any issues which might come up at the meeting, for which a limited proxy is not required by law).

_____ I hereby authorize and instruct my proxyholder to use his or her best judgment on all non-substantive matters which properly come before the meeting.

▪ **LIMITED POWERS:** (FOR YOUR VOTE TO BE COUNTED ON THE FOLLOWING ISSUES, YOU MUST INDICATE YOUR PREFERENCE IN THE BLANK(S) PROVIDED BELOW.)

I SPECIFICALLY AUTHORIZE AND INSTRUCT MY PROXYHOLDER TO CAST MY VOTE IN REFERENCE TO THE FOLLOWING MATTERS AS INDICATED BELOW:

Check your preference on the issues listed.

Should the Members authorize the Board to use existing reserve funds and interest thereon or those collected during the fiscal year **01/01/2026 – 12/31/2026** for payment of insurance premiums, when deemed necessary or appropriate by the Board of Directors, provided that any funds used will be returned to the reserve account by the end of the fiscal year in which the funds are so used? (Board recommend voting "YES" for borrowing reserves for insurance premiums.)

YES _____

NO _____

You must sign and date. This proxy must be signed in order to be legal.

SIGNATURE(S) OF OWNER(S) OR DESIGNATED VOTER

DATE

PRINT NAME

SUBSTITUTION OF PROXY

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

Date (Proxy Holder Signature)

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 MORE THAN NINETY (90) DAYS FROM THE DATE OF THE ORIGINAL MEETING FOR WHICH IT WAS GIVEN.

**RETURN TO: ADVANCED PROPERTY MANAGEMENT SERVICES
1035 Collier Center Way, Suite #7, Naples, FL 34110
EMAIL: vpackman@apmsfl.com**