

COUNTRYSIDE KEY HOMEOWNERS' ASSOCIATION, INC.

PROXY



The undersigned owner(s) or designated vote of Unit/ Address 247 Countryside Key in COUNTRYSIDE KEY HOA hereby appoints the Secretary of the Association or _____ as my proxy-holder to ATTEND the Annual Membership Meeting of COUNTRYSIDE KEY HOA to be held on FRIDAY, NOVEMBER 15, 2024, AT 6:00 PM at the AMERI-TECH COMMUNITY MANAGEMENT, 24701 US HWY 19 N, SUITE 102, CLEARWATER, FL 33763.

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, including the establishment of a quorum, in all matters before the membership, except that my proxy holder's authority is limited as indicated below:

 GENERAL POWERS: I authorize and instruct my proxy holder to use his or her best judgement on all other matters which properly come before the meeting and for which a general proxy may be used.

 X **LIMITED POWERS:** For your vote to be counted on the following issues, you must indicate your preference in the blank(s) below.

 X I specifically authorize and instruct my proxy holder to cast my vote in reference to the following matters as I have indicated below. VOTE YES ON 5% FEE INCREASE

Waiver of Financial Reporting Waiver Requirement:

I cast my vote to waive the requirement for an Audit of Financial statement for 2024 as required by the Florida Statutes and provide in lieu thereof a Report of Cash Receipts and Expenditures in accordance with the Florida Statutes and 61B-22.006 of the Florida Administrative Code.

YES NO

Signature of Owner or Designated Voter: Alexandra Melone Signature of Co-Owner _____ Date: 11/11/24

Print Name: Alexandra Melone Print Name: _____ Date: _____

SUBSTITUTION OF PROXY HOLDER

The undersigned, appointed as proxy holder above, designates _____

To substitute for me in voting the proxy set forth above. (Print Name)

Dated: _____
(Signature of Proxy-holder)

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.

*Vote Yes on 5% FEE INCREASE

COUNTRYSIDE KEY HOMEOWNERS' ASSOCIATION, INC.

PROXY



The undersigned owner(s) or designated vote of Unit/ Address 2104 Countryside Key Blvd in COUNTRYSIDE KEY HOA hereby appoints the **Secretary** of the Association or _____ as my proxy-holder to **ATTEND** the Annual Membership Meeting of COUNTRYSIDE KEY HOA to be held on **FRIDAY, NOVEMBER 15, 2024, AT 6:00 PM** at the **AMERI-TECH COMMUNITY MANAGEMENT, 24701 US HWY 19 N, SUITE 102, CLEARWATER, FL 33763**.

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, including the establishment of a quorum, in all matters before the membership, except that my proxy holder's authority is limited as indicated below:

_____ **GENERAL POWERS:** I authorize and instruct my proxy holder to use his or her best judgement on all other matters which properly come before the meeting and for which a general proxy may be used.

LIMITED POWERS: For your vote to be counted on the following issues, you must indicate your preference in the blank(s) below.

_____ I specifically authorize and instruct my proxy holder to cast my vote in reference to the following matters as I have indicated below.

Waiver of Financial Reporting Waiver Requirement:

I cast my vote to waive the requirement for an Audit of Financial statement for 2024 as required by the Florida Statutes and provide in lieu thereof a Report of Cash Receipts and Expenditures in accordance with the Florida Statutes and 61B-22.006 of the Florida Administrative Code.

YES NO

Signature of Owner or Designated Voter:

Signature of Co-Owner

Date:

Jaime Macejak

11/7/24

Print Name:

Print Name:

Date:

JAIME MACEJAK

11/7/24

SUBSTITUTION OF PROXY HOLDER

The undersigned, appointed as proxy holder above, designates _____

To substitute for me in voting the proxy set forth above. (Print Name)

Dated: _____

(Signature of Proxy-holder)

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.

COUNTRYSIDE KEY HOMEOWNERS' ASSOCIATION, INC.

PROXY



The undersigned owner(s) or designated vote of Unit/ Address 404 in COUNTRYSIDE KEY HOA hereby appoints the Secretary of the Association or _____ as my proxy-holder to ATTEND the Annual Membership Meeting of COUNTRYSIDE KEY HOA to be held on FRIDAY, NOVEMBER 15, 2024, AT 6:00 PM at the AMERI-TECH COMMUNITY MANAGEMENT, 24701 US HWY 19 N, SUITE 102, CLEARWATER, FL 33763.

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, including the establishment of a quorum, in all matters before the membership, except that my proxy holder's authority is limited as indicated below:

GENERAL POWERS: I authorize and instruct my proxy holder to use his or her best judgement on all other matters which properly come before the meeting and for which a general proxy may be used.

LIMITED POWERS: For your vote to be counted on the following issues, you must indicate your preference in the blank(s) below.

I specifically authorize and instruct my proxy holder to cast my vote in reference to the following matters as I have indicated below.

Waiver of Financial Reporting Waiver Requirement:

I cast my vote to waive the requirement for an Audit of Financial statement for 2024 as required by the Florida Statutes and provide in lieu thereof a Report of Cash Receipts and Expenditures in accordance with the Florida Statutes and 61B-22.006 of the Florida Administrative Code.

YES NO

Signature of Owner or Designated Voter:	Signature of Co-Owner	Date:
<u>Nicole Finetti</u>		<u>11-11-24</u>

Print Name:	Print Name:	Date:
<u>Nicole Finetti</u>		

SUBSTITUTION OF PROXY HOLDER

The undersigned, appointed as proxy holder above, designates _____

To substitute for me in voting the proxy set forth above. (Print Name)

Dated: _____
(Signature of Proxy-holder)

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.

COUNTRYSIDE KEY HOMEOWNERS' ASSOCIATION, INC.

PROXY

V
BW

The undersigned owner(s) or designated vote of Unit/ Address 229 in COUNTRYSIDE KEY HOA hereby appoints the Secretary of the Association or SUE WALTERS as my proxy-holder to ATTEND the Annual Membership Meeting of COUNTRYSIDE KEY HOA to be held on FRIDAY, NOVEMBER 15, 2024, AT 6:00 PM at the AMERI-TECH COMMUNITY MANAGEMENT, 24701 US HWY 19 N, SUITE 102, CLEARWATER, FL 33763.

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, including the establishment of a quorum, in all matters before the membership, except that my proxy holder's authority is limited as indicated below:

GENERAL POWERS: I authorize and instruct my proxy holder to use his or her best judgement on all other matters which properly come before the meeting and for which a general proxy may be used.

LIMITED POWERS: For your vote to be counted on the following issues, you must indicate your preference in the blank(s) below.

I specifically authorize and instruct my proxy holder to cast my vote in reference to the following matters as I have indicated below.

Waiver of Financial Reporting Waiver Requirement:

I cast my vote to waive the requirement for an Audit of Financial statement for 2024 as required by the Florida Statutes and provide in lieu thereof a Report of Cash Receipts and Expenditures in accordance with the Florida Statutes and 61B-22.006 of the Florida Administrative Code.

YES NO

Signature of Owner or Designated Voter:

Signature of Co-Owner

Date:

Nancy A Adams

11-15-24

Print Name:

NANCY A. ADAMS

Print Name:

Date:

SUBSTITUTION OF PROXY HOLDER

The undersigned, appointed as proxy holder above, designates _____

To substitute for me in voting the proxy set forth above. (Print Name)

Dated:

11/15/24

Sue Walters
(Signature of Proxy-holder)

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.

COUNTRYSIDE KEY HOMEOWNERS' ASSOCIATION, INC.

PROXY

AW

The undersigned owner(s) or designated vote of Unit/ Address 465 in COUNTRYSIDE KEY HOA hereby appoints the **Secretary** of the Association or _____ as my proxy-holder to **ATTEND** the Annual Membership Meeting of COUNTRYSIDE KEY HOA to be held on **FRIDAY, NOVEMBER 15, 2024, AT 6:00 PM at the AMERI-TECH COMMUNITY MANAGEMENT, 24701 US HWY 19 N, SUITE 102, CLEARWATER, FL 33763.**

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, including the establishment of a quorum, in all matters before the membership, except that my proxy holder's authority is limited as indicated below:

GENERAL POWERS: I authorize and instruct my proxy holder to use his or her best judgement on all other matters which properly come before the meeting and for which a general proxy may be used.

LIMITED POWERS: For your vote to be counted on the following issues, you must indicate your preference in the blank(s) below.

I specifically authorize and instruct my proxy holder to cast my vote in reference to the following matters as I have indicated below.

Waiver of Financial Reporting Waiver Requirement:

I cast my vote to waive the requirement for an Audit of Financial statement for 2024 as required by the Florida Statutes and provide in lieu thereof a Report of Cash Receipts and Expenditures in accordance with the Florida Statutes and 61B-22.006 of the Florida Administrative Code.

YES **NO**

Signature of Owner or Designated Voter: *C. Pascarelli* Signature of Co-Owner _____ Date: 11/14/24

Print Name: C. PASCARELLI Print Name: _____ Date: _____

SUBSTITUTION OF PROXY HOLDER

The undersigned, appointed as proxy holder above, designates _____ To substitute for me in voting the proxy set forth above. (Print Name)

Dated: 11/15/24 *Jim Walters*
(Signature of Proxy-holder)

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.

COUNTRYSIDE KEY HOMEOWNERS' ASSOCIATION, INC.

PROXY

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BN

The undersigned owner(s) or designated vote of Unit/ Address 212 Countryside Key BLVD in COUNTRYSIDE KEY HOA hereby appoints the Secretary of the Association or Sarah Stewart 208 as my proxy-holder to ATTEND the Annual Membership Meeting of COUNTRYSIDE KEY HOA to be held on FRIDAY, NOVEMBER 15, 2024, AT 6:00 PM at the AMERI-TECH COMMUNITY MANAGEMENT, 24701 US HWY 19 N, SUITE 102, CLEARWATER, FL 33763.

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, including the establishment of a quorum, in all matters before the membership, except that my proxy holder's authority is limited as indicated below:

GENERAL POWERS: I authorize and instruct my proxy holder to use his or her best judgement on all other matters which properly come before the meeting and for which a general proxy may be used.

LIMITED POWERS: For your vote to be counted on the following issues, you must indicate your preference in the blank(s) below.

I specifically authorize and instruct my proxy holder to cast my vote in reference to the following matters as I have indicated below.

Waiver of Financial Reporting Waiver Requirement:

I cast my vote to waive the requirement for an Audit of Financial statement for 2024 as required by the Florida Statutes and provide in lieu thereof a Report of Cash Receipts and Expenditures in accordance with the Florida Statutes and 61B-22.006 of the Florida Administrative Code.

YES NO *CH*

Signature of Owner or Designated Voter:

Signature of Co-Owner

Date:

Charles Hatcher

11/15/24

Print Name:

Print Name:

Date:

Charles Hatcher

11/15/24

SUBSTITUTION OF PROXY HOLDER

The undersigned, appointed as proxy holder above, designates _____

To substitute for me in voting the proxy set forth above. (Print Name)

Dated: _____

(Signature of Proxy-holder)

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.

COUNTRYSIDE KEY HOMEOWNERS' ASSOCIATION, INC.

PROXY

The undersigned owner(s) or designated vote of Unit/ Address # 238 in **COUNTRYSIDE KEY HOA** hereby appoints the **Secretary** of the Association or Christina Kelly as my proxy-holder to **ATTEND** the Annual Membership Meeting of **COUNTRYSIDE KEY HOA** to be held on **FRIDAY, NOVEMBER 15, 2024, AT 6:00 PM** at the **AMERI-TECH COMMUNITY MANAGEMENT, 24701 US HWY 19 N, SUITE 102, CLEARWATER, FL 33763**.

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, including the establishment of a quorum, in all matters before the membership, except that my proxy holder's authority is limited as indicated below:

GENERAL POWERS: I authorize and instruct my proxy holder to use his or her best judgement on all other matters which properly come before the meeting and for which a general proxy may be used.

LIMITED POWERS: For your vote to be counted on the following issues, you must indicate your preference in the blank(s) below.

I specifically authorize and instruct my proxy holder to cast my vote in reference to the following matters as I have indicated below.

Waiver of Financial Reporting Waiver Requirement:

I cast my vote to waive the requirement for an Audit of Financial statement for 2024 as required by the Florida Statutes and provide in lieu thereof a Report of Cash Receipts and Expenditures in accordance with the Florida Statutes and 61B-22.006 of the Florida Administrative Code.

YES **NO**

Signature of Owner or Designated Voter:

Robert Kelly

Signature of Co-Owner

[Signature]

Date:

11/15/24

Print Name:

Robert Kelly

Print Name:

Date:

SUBSTITUTION OF PROXY HOLDER

The undersigned, appointed as proxy holder above, designates _____

To substitute for me in voting the proxy set forth above. (Print Name)

Dated: _____

(Signature of Proxy-holder)

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.