

**LIMITED PROXY**

The undersigned owner(s) or designated voter of unit No. \_\_\_\_\_ in **Colonial Manor West Apartments** 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) as my proxy holder\* to attend the meeting of the members of **Colonial Manor West Apartments Condominium Association, Inc. to be held on Saturday, January 18, 2025 at 1:00 PM in the Community Room at Colonial Manor West, 2424 NE 9<sup>th</sup> Street, Fort Lauderdale, FL 33304.** 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:

GENERAL POWERS – (You may choose to grant general powers, limited powers or both. Check “General Powers” 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).

\_\_\_\_\_ 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 ISSUE, YOU MUST INDICATE YOUR PREFERENCE IN THE BLANK(S) PROVIDED BELOW).

I SPECIFICALLY AUTHORIZE AND INSTRUCT MY PROXY HOLDER TO CAST MY VOTE IN REFERENCE TO THE FOLLOWING MATTER AS INDICATED BELOW:

**For issues to be voted on in the meeting to be conducted in Annual Association Meeting on Saturday, January 18, 2025**

Dated: \_\_\_\_\_, 20\_\_\_\_\_

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

**SIGNATURE(S) OF ALL OWNERS OR THE DESIGNATED VOTER**

\*Failure to check either (a) or (b), or, if (b) is checked, failure to write in the name of the proxy, is an appointment of the Secretary of the Association as your proxy holder.

**DO NOT COMPLETE THIS SECTION. This section is only to be filled in by the proxy holder if they wish to appoint a substitute proxy holder.**

**SUBSTITUTION OF PROXY**

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

DATED: \_\_\_\_\_, 20\_\_\_\_\_  
**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

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**Send this proxy to:**

**Secretary  
Colonial Manor West  
2424 NE 9<sup>th</sup> St  
Fort Lauderdale, FL 33304**

**Or drop it in the Association’s mail drop box located next to the first-floor elevator. NOTE: Proxys must be received before the annual meeting to be valid.**