

Cape Haze Property Owners Association Inc.

Proxy Form

Name: \_\_\_\_\_

Address in Cape Haze: \_\_\_\_\_

I/we are current members of Cape Haze Property Owners Association (CHPOA). I/we will be unable to attend the meeting of the membership on the date indicated below.

I/we hereby assign my/our voting proxy to:

Check only one:

The CHPOA Board of Directors

The following CHPOA member: \_\_\_\_\_

Date of membership meeting for which proxy is assigned: \_\_\_\_\_  
This proxy assignment is valid for this one meeting only.

Special instructions, if any:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Proxy form must be received prior to commencement of the membership meeting to be valid. The completed form may be delivered to the CHPOA Secretary or mailed to:

CHPOA  
PO Box 690  
Cape Haze, FL 33946