

**HONUA KAI CONDOMINIUM ASSOCIATION, INC.
PROXY FOR 2024 ANNUAL ASSOCIATION MEETING**

The undersigned does hereby constitute and appoint (check one):

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THE BOARD OF DIRECTORS AS A WHOLE WITH THE VOTE TO BE MADE ON THE BASIS OF THE PREFERENCE OF THE MAJORITY OF THE DIRECTORS PRESENT AT THE MEETING; OR

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THOSE DIRECTORS PRESENT AT THE MEETING WITH THE VOTE TO BE SHARED WITH EACH DIRECTOR RECEIVING AN EQUAL PERCENTAGE; OR

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FOR QUORUM PURPOSES ONLY (DO NOT CHECK THIS "QUORUM ONLY" BOX IF YOU WISH YOUR PROXY HOLDER TO VOTE ON YOUR BEHALF); OR

☒

Carl Hu

THE SPECIFIC INDIVIDUAL WHOSE NAME IS PRINTED ON THE LINE (ABOVE) NEXT TO THIS BOX

as the undersigned's attorney or agent, with full power of substitution, to act in the undersigned's name, place, and stead and to vote as the undersigned's proxy at the 2024 Annual Meeting of Honua Kai Condominium Association, Inc., to be held on Friday, November 15, 2024, at the Hyatt Regency Maui Resort and Spa, Maui 4 Ballroom, 200 Nohea Kai Drive, Lahaina, HI 96761 (or such other location as may be established for the meeting), and at any and all adjournments thereof, for the transaction of any and all business that may properly come before the meeting, except as may be limited below, according to the proportionate interest owned in the common elements that the undersigned would be entitled to vote if then personally present, hereby revoking any prior proxy or proxies given for said meeting, and ratifying and confirming all that said attorney or agent may do by virtue hereof, all in accordance with any instructions given on this proxy. If this proxy is returned with no box or more than one of the above boxes checked, the proxy shall be counted for quorum purposes only.

PRINTED NAME(S) OF OWNER(S) (REQUIRED BY LAW)

(If the owner is an entity such as a corporation, partnership, or LLC, please print the name of the entity which is the owner. If the unit is held in trust, print the name of the trustee and the trust. See proxy instructions for more details. (IMPORTANT: SEE CERTIFICATION ON REVERSE SIDE.)

(PRINT NAME OF OWNER - If the owner is an entity, please print the name of the entity. If the unit is held in trust, please print the name of the trustee and the trust.)

(PRINT NAME OF OWNER - If the owner is an entity, please print the name of the entity. If the unit is held in trust, please print the name of the trustee and the trust.)

SIGNATURE(S) OF OWNER(S) (REQUIRED BY LAW)

(If signing in a representative capacity, state the title or capacity, e.g., trustee, executor, administrator, guardian, president, partner, managing member, attorney-in-fact, etc.)

X

(SIGNATURE AND ADD TITLE OR CAPACITY, IF APPLICABLE)

(If the person signing is different from the owner whose name is printed above, in addition to signing, please also print the name of the person signing to help the Association verify the identity of the person signing)

X

(SIGNATURE AND ADD TITLE OR CAPACITY, IF APPLICABLE)

(If the person signing is different from the owner whose name is printed above, in addition to signing, please also print the name of the person signing to help the Association verify the identity of the person signing)

DATE GIVEN: _____

(REQUIRED BY LAW)

UNIT NUMBER(S) (REQUIRED BY LAW) (List your unit number(s) on the appropriate line(s) below)

RESIDENTIAL:

HOKULANI: _____

KONEA: _____

LUANA: _____

COMMERCIAL:

HOKULANI: _____

KONEA: _____

RESTAURANT UNIT: _____

THIS PROXY IS TWO PAGES. IMPORTANT DETAILS ARE ON THE REVERSE SIDE.

SEE REVERSE SIDE. ➡

CERTIFICATION BY PERSONS SIGNING IN A REPRESENTATIVE CAPACITY

By signing this proxy in a representative capacity, such as a trustee of a unit held in trust, or as an officer of a corporation, a partner in a partnership, or a member or manager of an LLC that owns a unit, the person signing certifies, warrants, and represents that he or she is duly authorized and empowered to sign this proxy on behalf of the owner in such capacity.

VERY IMPORTANT: For this proxy to be valid, the proxy giver must provide the date that the proxy is given and his or her printed name, signature, and unit number(s). Hawai'i law requires that proxies be received by the Association's secretary or managing agent by no later than 4:30 p.m. (HST), on the second business day prior to the date of the meeting to which it pertains. As such, your proxy must be received by the Association's secretary or managing agent by no later than 4:30 p.m. (HST) on Wednesday, November 13, 2024, to be valid for the Friday, November 15, 2024, Annual Association meeting. Please return this proxy in the enclosed addressed envelope, either to the Secretary or to Associa Hawaii, the Association's Managing Agent. Associa Hawaii's mailing address is 737 Bishop Street, Suite 3100, Honolulu, Hawai'i 96813. Proxies may also be faxed or emailed to the Managing Agent (provided the copy is a complete reproduction of the entire original proxy). **Fax No. (888) 608-4021; Email address: Honuakai@associahawaii.com.**

Please refer to the 2024 Annual Association Meeting Proxy Instructions for details on completing this proxy. **PLEASE NOTE THAT YOU MUST SIGN YOUR PROXIES. ELECTRONIC SIGNATURES ARE NOT ALLOWED.**

LIMITATION ON POWER OF PROXY:

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IF THIS BOX IS CHECKED, THIS PROXY **MAY NOT** BE USED TO CAST A VOTE IN FAVOR OF THE REMOVAL OF ANY ONE OR MORE DIRECTORS.

SPECIAL INSTRUCTIONS:

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IF NOT ALREADY PROVIDED, I WISH TO OBTAIN A COPY OF THE ASSOCIATION'S ANNUAL AUDIT REPORT REQUIRED BY SECTION 514B-150, HAWAI'I REVISED STATUTES

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BY CHECKING THIS BOX, I CONSENT TO MY PROXY CASTING A WEIGHTED (aka BULK) BALLOT AND WAIVE ANY RIGHT TO A SECRET BALLOT. SEE PROXY INSTRUCTIONS FOR DETAILS.

NOTE: IF YOU ARE RETURNING THIS PROXY BY FAX OR EMAIL, YOU MUST SEND A COPY OF BOTH SIDES.

THIS PROXY IS TWO PAGES. IMPORTANT DETAILS ARE ON THE REVERSE SIDE.

SEE REVERSE SIDE. →