

STUDIO VILLAS II ASSOCIATION, INC.
(dba Legend Villas)
P. O. Box 15232
Panama City, Florida 32406

Voter Authorization Certificate
2026

We, the undersigned, being all of the owners of Unit _____, Studio Villas II Association, Inc. do hereby certify that the following named one of us is the authorized voter for the foregoing unit, and shall remain such designated voter until this certificate is revoked by subsequent certificate.

NAME OF AUTHORIZED VOTER_____

DATE THIS FORM COMPLETED_____

Select the category below which describes your form of ownership and sign in the appropriate places:

a. We are all natural persons who are owners of the above described unit.

Owner

Owner

Owner

Owner

b. We are the President or Vice-President, and Secretary or Assistant Secretary of the Corporation which owns the above described unit.

President or Vice President

Secretary or Assistant Secretary

c. I am a General partner of the general or limited partnership which owns the above described unit.

General Partner

d. I am the trustee of the trust which owns the above described unit.

Trustee