LIMITED PROXY

The undersigned owner or designated voter of Unit No. _____ in **The Village at Haile, A Condominium**, appoints

(Check one)

_____ a) Shannon O'Brien, 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 proxyholder* to attend the special meeting of the members of **The Village at Haile Condominium Association, Inc.**, to be held **October 29, 2025, at 6:00 p.m.** at **5230 SW 91 Drive, Suite C, Gainesville, FL 32608**. The proxyholder 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 proxyholder's authority is limited as indicated below:

GENERAL POWERS: By signing this proxy, your proxyholder automatically has general powers to vote on other issues that might come up at the meeting for which a limited proxy is not required (i.e., parliamentary procedure). You can choose not to grant such general powers by checking the box below:

_____ I do not grant general powers to my proxyholder.

LIMITED POWERS: (FOR YOUR VOTE TO BE COUNTED ON THE FOLLOWING ISSUES, YOU MUST INDICATE YOUR PREFERENCE IN THE BLANK(S) PROVIDED BELOW).

I SPECIFICALLY AUTHORIZE AND INSTRUCT MY PROXYHOLDER TO CAST MY VOTE IN REFERENCE TO THE FOLLOWING MATTERS AS INDICATED BELOW:

Vote to pause SIRS reserves funding in the amount of $190,780.20 to fund some of the repairs up to the same amount outlined in the attached Milestone Inspection Report dated July 15, 2025.

☐ APPROVE ☐ DO NOT APPROVE

WAIVING OF RESERVES, IN WHOLE OR IN PART, OR ALLOWING ALTERNATIVE USES OF EXISTING RESERVES MAY RESULT IN UNIT OWNER LIABILITY FOR PAYMENT OF UNANTICIPATED SPECIAL ASSESSMENTS REGARDING THOSE ITEMS.

Dated: _____, 2025.

SIGNATURE OF OWNER OR VOTING MEMBER:

Signature:_____ Print Name:_____

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

OWNER: DO NOT COMPLETE THIS SECTION. This section is only to be filled in by the person to whom you have given your proxy (i.e., your proxyholder) in the event that he/she cannot attend the meeting or otherwise wishes to substitute another person to vote your proxy.

SUBSTITUTION OF PROXY

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

Dated: _____, 2025.

_____
PROXYHOLDER

THIS PROXY IS REVOCABLE BY THE UNIT OWNER AND IS VALID ONLY FOR THE SPECIAL 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 SPECIAL MEETING FOR WHICH IT WAS GIVEN.