

## **PROXY/MEETING BALLOT**

The undersigned, owner(s) or Voting Member of Lot or Condominium Unit No. \_\_\_\_\_ located at \_\_\_\_\_ (street address) **Riverbend Homeowners Association of Lee County, Inc.**, appoints (Check one):

a) **Jeanne Hambleton, 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\*, with power of substitution, to attend the meeting of the members of **Riverbend Homeowners Association of Lee County, Inc.** to be held **Monday, March 9, 2026** at **6:30 PM**, in **North Fort Myers Recreation Center, 2000 North Recreation Parkway, North Fort Myers, FL 33903**, and any adjournment/recess thereof. In the event I attend the meeting in person, this will act as my meeting ballot. 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:

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

1. Should the members approve the Proposed Amended and Restated Deed of Restrictions, the Proposed Amended and Restated Articles of Incorporation, and the Proposed Amended and Restated Bylaws, as set forth in the attached? (The Board recommends voting “Yes” to Proposed Amended and Restated Deed of Restrictions, the Proposed Amended and Restated Articles of Incorporation, and the Proposed Amended and Restated Bylaws.)

YES       NO

2. Should the members waive the statutory year-end financial reporting requirement for a **compilation** and permit the Board to present the year-end financial statements in a **report of cash receipts and expenditures** format for the fiscal year ending **December 31, 2026**?

YES       NO

Date: ..

**SIGNATURE(S) OF OWNER(S) OR VOTING MEMBER:**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

\*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 proxyholder.

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

**SUBSTITUTION OF PROXY**

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

Date: \_\_\_\_\_.

**PROXYHOLDER**

**THIS PROXY/MEETING BALLOT IS REVOCABLE BY THE 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.**