

THE TOWERS CONDOMINIUM ASSOCIATION, INC.

LIMITED PROXY FOR 2017 ANNUAL MEETING

The undersigned, owner of Unit _____ in The Towers Condominium Association, Inc., appoints _____ or, if left blank, the Secretary of the Association, as my proxyholder to attend the **Annual Meeting** of the members to be held on **March 27, 2017, at 7:00 p.m. at The Towers Clubhouse, 2366 East Mall Drive, Fort Myers, FL 33901**. 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 (You may choose to grant general powers, limited powers, or both. Check "General Powers" if you want your proxyholder to vote on other issues which might come up at the meeting and for which a limited proxy is not required.)

_____ I authorize and instruct my proxyholder to use his or her best judgment on all other matters that properly come before the meeting and for which a general power may be used.

LIMITED POWERS (For your vote to be counted on the following issues, you must indicate your preference in the blanks provided below. **The proxyholder cannot vote on these items for you.**)

I SPECIFICALLY AUTHORIZE AND INSTRUCT MY PROXYHOLDER TO CAST MY VOTE IN REFERENCE TO THE FOLLOWING MATTER(S) AS INDICATED BELOW:

Check only one blank per issue.

1. **Do you approve the proposed amendment to Section 11 of the Amended and Restated Declaration of Condominium of The Towers amending the maximum rental cap limitation on the leasing of units from 40% to 25%?**

_____ YES, I APPROVE _____ NO, I DISAPPROVE

2. **Should any excess operating income over and above the amounts used for the operation of the condominium be carried forward and applied to the following year's assessment and not treated as taxable income in the year of assessment in accordance with Revenue Ruling 70-604?**

_____ YES, I APPROVE _____ NO, I DISAPPROVE

3. **Should a Review of the Association's 2017 financial statements be waived and, instead, a Report of Cash Receipts and Disbursements be prepared by the Alliant Property Management?**

_____ YES, I APPROVE _____ NO, I DISAPPROVE

Note: In accordance with Section 718.111(13), Florida Statutes, the Association will be required to perform and make available to all members a report of reviewed financial statements for the 2018 fiscal year. Therefore, no vote of the members will be required.

4. Should statutory reserves required by Section 718.112(2)(f), Florida Statutes, be waived for the 2017 fiscal year?

____ YES, I APPROVE WAIVING RESERVES ____ NO, I DO NOT APPROVE WAIVING RESERVES

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.

Printed Name of Owner

Signature of Owner

Date

SUBSTITUTION OF PROXYHOLDER

The undersigned, appointed as proxyholder above, designates _____ to substitute for me in voting the proxy set forth above.

Printed Name of Proxyholder

Signature of Proxyholder

Date

THIS PROXY IS REVOCABLE BY THE UNIT 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.

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