

HORSESHOE ACRES CLUB, INC.

NOTE: THIS FORM IS TO BE COMPLETED ONLY IF YOUR HOME IS OWNED BY MORE THAN ONE INDIVIDUAL (INCLUDING HUSBAND AND OR A CORPORATION OR TRUST

VOTING CERTIFICATE

To the Secretary of
Horseshoe Acres Club, Inc (the "Club")

THIS IS TO CERTIFY that the undersigned owner/corporate officer of Lot# _____ with street address of _____, has designated:

(Name of Voting Member, one name only)

as its representative to cast all votes to express all approvals that such owners may be entitled to cast or express at all meetings of the membership of the Association and for all other purposes provided by the applicable Declaration of Restrictive Covenants, the Articles of incorporation and Bylaws of Horseshoe Acres Club, Inc. and Florida law.

This Certificate Shall revoke prior Certificates and be valid until revoked by a subsequent Certificate.

DATED the ____ day of _____, 20__.

Company/Trust Name (if applicable): _____

Owner's Signature: _____

Owner's Printed Name/Title: _____

Co-Owners Signature: _____

Co-owner's Printed Name/Title: _____

Co-owners Signature: _____

Co-owner's Printed Name/Title: _____