

SHADOW LAKES OF SANTA ROSA HOMEOWNERS ASSOCIATION, INC,
VOTER AUTHORIZATION CERTIFICATE

We, the undersigned, being all of the owners of Lot # _____, Street Address _____
in *Shadow Lakes HOA*, and shall remain such designated voter for the foregoing lot until this certificate is
revoked by subsequent certificate. (Please retain a copy for your records.)

NAME OF AUTHORIZED VOTER: _____
(Please Print)

***PLEASE NOTE THAT THE NAME OF THE AUTHORIZED VOTER IS THE ONLY PERSON WHO IS
AUTHORIZED TO VOTE FOR THE UNIT AND SIGN IN AT OWNER MEETINGS.***

DATE THIS FORM COMPLETE: _____

(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 Lot.

Signed

Signed

Signed

Signed

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

President/V.P.

Secretary/Asst. Secretary

C. I am a General Partner of the general or limited partnership that owns the above described Lot.

Signature

EXECUTE AND RETURN TO THE ADDRESS BELOW:

Fax: 850-231-4889

Shadow Lakes of Santa Rosa Homeowners Association
c/o Association Management Services, LLC
4369 5th Ave
Pace, FL 32571
Lauren@camams.com