

LIMITED PROXY/MEETING BALLOT

The undersigned, Owner(s) of Unit No. _____ in **The Riverview Association, Inc.** appoints (Check one)
_____ a) _____, of the Association, on behalf of the Board of
Directors, or
_____ b) _____, (if you check b, write in name of your proxy)

as my proxyholder* to attend the meeting of the members of **The Riverview Association, Inc.** to be held **Tuesday, January 6th, 2026, at 9:30 am, MULTIPURPOSE ROOM 1400 1st Avenue W, Bradenton, FL 34205**, 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 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. 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 PERSONALLY VOTE BY CHECKING THE BLANK(S) PROVIDED BELOW). I HEREBY VOTE AND INSTRUCT MY PROXYHOLDER TO CAST MY VOTE IN REFERENCE TO THE FOLLOWING MATTERS AS INDICATED BELOW:

- 1. Do you approve of the special assessment in the amount of \$345,081.00 which is approximately \$7300.00 per unit to pay for the repair of the Elevator Modernization, Elevator Car Update, Exterior Carpet Replacement/walkways and Stacks Relining.**
 - i. Elevator Modernization \$149184.00 (Balanced Owed)**
 - ii. Elevator Car update \$13,000.00**
 - iii. Exterior Carpet Replacement/walkways \$99,537.00**
 - iv. Stacks Relining \$83,360.00**

_____ **APPROVE**

_____ **DO NOT APPROVE**

Owner (s) Sign Here:

By: _____

By: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

*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 President of the Association as your proxyholder.

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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OWNER: DO NOT COMPLETE THIS SECTION. This section is 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: _____

PROXYHOLDER