

LIMITED PROXY FOR RESERVES AND WAIVER OF STATUTORY REVIEW

The undersigned shareholder(s) or designated voter of **unit No. _____** in **SEA EDGE Inc.** hereby appoints:

_____ (insert name of proxy holder) **OR** the Secretary of the Association _____ as my proxy holder to attend the Meeting of the members of **Sea Edge Inc.**, to be held at **2:00 pm on October 29, 2017**, in the **Lobby** located at **2076 South Ocean Drive, Hallandale, FL 33009**. The proxy holder 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 proxy holder'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 proxy holder 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 proxy to use his or her best judgment on all other matters which properly come before the meeting and for which a general power may be used.

LIMITED POWERS: **CHECK** "Limited powers" if you want your proxy holder to vote only on the following proposal.

(ALSO, FOR YOUR VOTE TO BE COUNTED ON THE FOLLOWING ISSUES, YOU MUST INDICATE YOUR PREFERENCE IN THE BLANKS PROVIDED BELOW).

(_____) I specifically authorize and instruct my proxy holder to cast my vote in reference to the following matters as indicated below.

Reserve Funding Waiver:

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.

Place an (X) in the bracket to indicate your choice.

1) PROPOSAL: Do you wish to fully waive the funding of statutory reserves required by section 719.106(1)(j), Florida Statutes, for the 2018 fiscal year in accordance with the attached budget?

(_____) **YES I agree to fully waive statutory reserves in accordance with the attached budget.**

OR

(_____) **NO I DO NOT agree to fully waive statutory reserves in accordance with the attached budget.**

Dated: _____

Unit # _____

Signature(s) of shareholder(s) or designated voter

Signature(s) or shareholder(s) or designated voter

Substitution of proxy

Do NOT complete this section unless changing proxy designated above

The undersigned appointed as proxy above, does hereby designate _____ to substitute for me in the proxy set forth above.

Dated: _____

Proxy

holder _____

THIS PROXY IS REVOCABLE BY THE SHAREHOLDER 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 90 DAYS AFTER THE FIRST MEETING FOR WHICH IT WAS GIVEN.