Stone Ridge Association

DESIGNATION OF VOTING REPRESENTATIVE

| The undersigned, being the Co-own | ner of the Unit Number | Stone |
|---------------------------------------|---------------------------------|--------------------------|
| Ridge Association, hereby designates | : | |
| (2.1 | | |
| (Print name of the person | n from your unit that will cast | the ballot) |
| Pursuant to the Bylaws of Stone Ric | lge Association, Each Co-ow | ner shall file a written |
| notice with the Association designat | ting the individual representa | tive who shall vote at |
| meetings of the Association and rece | eive all notices and other con | nmunications from the |
| Association on behalf of such Co-ow | ner. Such notice shall state th | ne name and address of |
| the individual representative design | ated, the number or number | s of the apartment or |
| apartments owned by the Co-owner | , and the name and address | of each person, firm, |
| corporation, partnership, association | , trust or other legal entity | who is the Co-owner. |
| Such notice shall be signed and date | ed by the Co-owner. The inc | dividual representative |
| designated may be changed by the C | Co-owner at any time by filin | ng a new notice herein |
| provided | | |
| | | |
| | Co-owners Signature | Date |
| | Co-owner Print | Date |
| | Address | |
| | Unit Number | |

NOMINATING FORM

Meeting of the members of the Association, the members will vote to seat three (3) members to the Board of Directors. The term for the individuals elected will be for one for a two (2) year term and two for a one (1) year term.

| I wish to nominate the following co-or | wner(s) for Indian Oaks of Howell Condominium | |
|--|---|--|
| Association Board of Directors: | | |
| | | |
| CO-OWNER | ADDRESS | |
| | | |
| | | |
| Please, if you nominate someone to serve, be sure to obtain his/her approval prior to submitting his/her name. | | |
| I,, wish to run for a seat on Indian Oaks of Howell Condominium Association Board of Directors. | | |
| My address is: | | |
| My phone numbers are: | (home) | |
| _ | (work) | |
| | | |
| Signature | Date | |

Please return this form to Leadership Management, Inc. by mail at the address below no later than September 22nd, 2013.