

**THISTLE DOWNS PROPERTY OWNERS ASSOCIATION, INC.**

C/O Community Associations Management

P.O. Box 8126

Ocean Isle Beach, NC 28469

Office: 910-579-5163

Fax: 910-579-5160

**PROXY / BALLOT**

**Annual Meeting**

This is to certify that \_\_\_\_\_, or in his/her absence, the Board of Directors of Thistle Downs Property Owners Association, Inc., has my proxy vote for the business of the Annual Meeting of the Members, Thursday, February 11, 2021 at 6:00 p.m., and all rights thereto.

**RATIFYING THE 2021 ANNUAL OPERATING BUDGET:**

- I accept the Annual Operating Budget for 2021 as proposed
- I do not accept the Annual Operating Budget for 2021 as proposed

**2020 ANNUAL MEETING MINUTES**

- I have read and approve the 2020 Annual Meeting minutes.
- I have read and do not approve the 2020 Annual Meeting minutes.

**THIS PROXY, WHEN PROPERLY EXECUTED, WILL BE VOTED IN THE MANNER DIRECTED HEREIN BY THE UNDERSIGNED MEMBER. THIS PROXY IS LIMITED TO THE ANNUAL MEETING OF MEMBERS TO BE HELD ON FEBRUARY 11, 2021, AND ANY ADJOURNMENTS THEREOF.**

If signing as attorney, executor, administrator, or trustee, please give full title. If Owner is a corporation, please sign in full corporate name by the president or other authorized officer. If Owner is a partnership or a limited liability company, please sign in the partnership/limited liability company name by authorized person.

Address and Lot/Unit #

OR

\_\_\_\_\_

\_\_\_\_\_

(Name of Corporation, LLC, or Partnership Owner)

\_\_\_\_\_

(Owner Signature)

By: \_\_\_\_\_

Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

DATE : \_\_\_\_\_ 2021

DATE : \_\_\_\_\_ 2021