

650 ISLAND WAY CONDOMINIUM ASSOCIATION

2026 BUDGET ADOPTION MEETING

To 650 CONDOMINIUM ASSOCIATION Members,

The BUDGET MEETING of 650 CONDOMINIUM ASSOCIATION will be held at the following DATE, TIME, LOCATION and also by ZOOM:

DATE / TIME: TUESDAY, NOVEMBER 18, 2025, AT 6:00 PM

**LOCATION: AMERI-TECH COMMUNITY MANAGEMENT PARTNERS, LLC
24701 US HWY 19 N, SUITE 102, Clearwater, FL 33763**

FOR ZOOM ENTER:

US/JOIN

Meeting ID: 304 242 8381

Passcode: 838702

Or through your Browser

<https://us02web.zoom.us/j/3042428381?pwd=rDltfv0hecc1paStB2AcCbG7t2d8kM.1&omn=83007249934>

This Budget Meeting of the Association will be held for the purpose of final approval and adoption of 2026 Budget, as well as the establishment of the annual assessment and/or maintenance fee(s) schedule for the 2026 calendar year. We have enclosed a copy of the 2026 Proposed Budget for your review.

Agenda items are as follows:

1. Certify Quorum of Board & Membership
2. Proof of Notice of the Meeting
3. Vote to Waive Fully Funding Non-Structural Reserves
4. Vote to Waive Fully Funding Structural Reserves
5. Board Approval of 2026 Annual Budget
6. Adjournment

By Order of the Board of Directors,

Susan Ables, LCAM
Community Manager

AMERI-TECH COMMUNITY MANAGEMENT PARTNERS, LLC.

**24701 US Hwy 19N, Suite 102, Clearwater, FL 33763 (727) 726-8000 24hrs Fax - (727) 723-1101
(Check out our website for the latest updates @ www.ameritechcompanies.com)**

PROXY WILL ALSO BE USED TO ESTABLISH A QUORUM

650 ISLAND WAY CONDO ASSN, INC

The undersigned owner(s) or designated vote of Address _____ in **650 ISLAND WAY CONDO ASSN, INC** hereby appoints the **Secretary** of the Association or _____ as my proxy-holder to **ATTEND** the Budget Meeting of **650 ISLAND WAY CONDOMINIUM ASSOCIATION** to be held on **TUESDAY, NOVEMBER 18, 2025, at 6:00 pm at AMERI-TECH COMMUNITY MANAGEMENT PARTNERS, LLC, 24701 US HWY 19 N, SUITE 102 CLEARWATER, FL 33763 AND Via Zoom**. 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, including the establishment of a quorum, in all matters before the membership, except that my proxy holder's authority is limited as indicated below:

GENERAL POWERS: 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 holder to use his or her best judgement on all other matters which properly come before the meeting and for which a general proxy may be used.

LIMITED POWERS: For your vote to be counted on the following issues, you must indicate your preference in the blank(s) provided below.

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

1) **Waive fully funding the non-structural reserves**

Do you want to waive fully funding the non-structural reserves and partially fund the reserves as stipulated on the 2026 budget as required by Florida Statute for the next fiscal/calendar year.

_____ YES _____ NO

2) **Waive fully funding the structural reserves**

Do you want to waive fully funding the structural reserves and NOT fund those reserves as stipulated on the 2026 budget as required by Florida Statute for the next fiscal/calendar year. This is recommended due to the current post hurricane construction.

_____ YES _____ NO

WAIVING OF THE 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.

Signature of Owner or Designated Voter:

Signature of Co-Owner:

Date:

Print Name:

Print Name:

Date:

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.

VOTING BY PROXY

If you are unable to attend the Membership Meeting and wish to vote on all issues/items by proxy, please note the following information about proxies:

1. A proxy may be used for the purpose of establishing a quorum, and for appointing another person to vote for you in the event that you might not be able to attend the meeting.
2. The proxy must be signed by the owner or voting representative of the unit to be valid.
3. By selecting "General Powers" on the Proxy, you authorize and instruct your proxy holder to use his/her best judgement on all matters which properly come before the meeting and for which General Powers may be used.
4. By selecting "Limited Powers," your proxy holder may only cast your vote as you specifically direct. For your vote to be counted on that issue, you must indicate "yes" or "no" on the question on the proxy.
5. The proxy should be submitted to the Association prior to the scheduled time of the meeting. **The proxy can be submitted by emailing sables@ameritechmail.com, faxing to 727-723-1101 or mailing to Ameri-Tech Community Management Partners LLC, 24701 US HWY 19 N, Suite 102, Clearwater, FL 33763, in the enclosed "Proxy Return Envelope".** You may also bring the proxy with you the night of the meeting. **It is encouraged that you submit your proxy in advance of the meeting, in order to avoid delays in registration.**
6. If you appoint a proxy and later decide you will be able to attend the meeting in person, you may withdraw your proxy when you register at the meeting.
7. A proxy may be revoked in writing or superseded by a later proxy to another person. It may be assigned (substituted) by the person designated on the proxy to a third person if the person you designate as a proxy decides that he or she will be unable to attend the meeting.

<p>The Association will incur additional administrative costs if the meeting is rescheduled due to failing to achieve a quorum</p>

**AFFIDAVIT OF MAILING OR HAND DELIVERING
OF NOTICE TO UNIT OWNERS**

STATE OF FLORIDA

COUNTY OF PINELLAS

BEFORE ME, personally appeared **SUSAN ABLES AND KAREN COCHRAN** who after being duly sworn, deposes and says the notice of **BUDGET MEETING** of **650 ISLAND WAY CONDASSN, INC** to be held on **TUESDAY, NOVEMBER 18, 2025**, at **6:00 PM** at **AMERI-TECH COMMUNITY MANAGEMENT PARTNERS, LLC, 24701 US HWY 19 N, SUITE 102 CLEARWATER, FL 33763** were mailed, or hand delivered in accordance with applicable law. The Notices were mailed, or hand delivered to each unit owner at the address last furnished to the Association, as such address appears on the books of the Association. (Copy Attached)

650 ISLAND WAY CONDOMINIUM ASSOCIATION

BY: _____

SUSAN ABLES, Community Manager

BY: _____

KAREN COCHRAN, Administrative Assistant

STATE OF FLORIDA

COUNTY OF PINELLAS

Sworn to and subscribed before me this ____ day of _____, _____,

By **SUSAN ABLES** as Community Manager and **KAREN COCHRAN** as Administrative Assistant of **650 ISLAND WAY CONDOMINIUM ASSOCIATION**, a Florida not-for-profit corporation.

Personally Known ____ or

NOTARY PUBLIC – STATE OF FLORIDA

Produced Identification ____

Type of Identification _____

Sign _____

Print _____