PUALANI ESTATES AT KONA COMMUNITY ASSOCIATION PROXY

<u>Note</u> :		s. If you are not present at the meeting, this proxy designates your es assigned to you unless you designate another substitute in
The un	dersigned, being the owner(s) of the lot(s) sh	own below, does hereby constitute and appoint
V	/illiam Culhane	
- 1	he Board as a whole, to be voted on the basis neeting,	of the preference of a majority of the Directors present at the
1	he Directors present at the meeting and the vercentage, or	ote to be shared with each Director receiving an equal
Th	ne individual whose name is printed on this lir	ne next to this box.
stead, and all including vote if	and to vote the undersigned's proxy at Annual adjournments thereof, for the transaction of any the election or re-election of directors, according	ver of substitution, to act in the undersigned's name, place and Association meeting to be held on March 23, 2022, and at any my and all business that may properly come before the meeting, ording to the interest that the undersigned would be entitled to proxy or proxies heretofore given, and ratifying and confirming all or
	For quorum purposes only.	
	event that a proxy is returned with no box che d for quorum purposes only.	cked or more than one of the boxes checked, the proxy shall be
person		d any and all adjournments thereof. If I/we attend the meeting in nereby voiding this proxy (if not previously exercised). Receipt of
PRINTE	D NAME(S) OF OWNER(S) [REQUIRED BY LAW]:	SIGNATURE(S) OF OWNER(S) [REQUIRED BY LAW]:
LOT NO	(S) OR PROPERTY ADDRESS [REQUIRED BY LAW]	DATE SIGNED: [REQUIRED BY LAW] Do not postdate.
signing conserv	in a representative capacity (personal represen	ion's records, and provide you lot number(s) and the date. Persons ntatives, executors administrators, trustees, guardians, d LLC, and corporate officers) are to add their titles and, if o act in that capacity.
_	nay be delivered to William Culhane at 75-321 o (808) 331-1743 or emailed to aleahl@hmcm	l Omilo Place, emailed to pualaniestatesohana@gmail.com, gt.com
1 1	IF NOT PROVIDED PRIOR TO OR TOGETHER W THE ANNUAL AUDIT REPORT WHEN ACCOMP	ITH THE NOTICE OF MEETING, I WISH TO OBTAIN A COPY OF LISHED.
Date Re	eceivedby Managing Age	ent/Board Secretary