

**ROYAL KUNIA COMMUNITY ASSOCIATION
PROXY**

The undersigned does hereby constitute and appoint the indicated below as attorney or agent, with full power of substitution, to act in the undersigned's name, place and stead, and to vote as the undersigned's proxy at the Annual Meeting of the Royal Kunia Community Association to be held:

Date: Wednesday, April 10, 2019
Time: 6:30 p.m. Registration; 7:00 p.m. Call to Order
Place: Royal Kunia Community Rec Center
94-750 Anoiki Street, Waipahu, HI 96897

for the transaction of business that may properly come before the meeting, including but not limited to the election of Directors, according to the proportional interest owned in the common elements that the undersigned would be entitled to vote if then personally present, hereby revoking any proxy or proxies heretofore given, and ratifying and confirming all that said attorney or agent may do by virtue hereof. This proxy will be valid only for the above-cited meeting and any and all adjournments thereof, may be removed prior to its exercise and shall be returned upon request if the undersigned attends the meeting and desires to vote in person. If this proxy is assigned to someone other than the Board of Directors and said person or the person's substitute fails to attend the meeting, this proxy shall revert to the Board of Directors to be cast solely for the purpose of establishing a quorum. This Proxy is (**check [✓] one box only**).

- To be given for quorum purposes only. (***if no box is checked or more than one box is checked, this Proxy will be used for quorum purposes only.***)

- _____
To be given to the specific individual whose name is printed on this line.

- To be given to the Board of Directors as a whole and the vote be made on the basis of the preference of the majority of the Directors present at the meeting.

- To be given to the Directors present at the meeting and the vote to be shared with each Board member receiving the equal percentage.

Receipt of the notice of said meeting is hereby acknowledged.

UNIT/LOT NO(S): _____
(required by law)

DATE SIGNED: _____
(required by law)

PRINTED NAME OF OWNER (required by law)

SIGNATURE OF OWNER (required by law)

PRINTED NAME OF OWNER (required by law)

SIGNATURE OF OWNER (required by law)

NOTE:

1. Please sign your name as it appears in the Association's records. Executors, administrators, trustees, guardians, attorney-in-fact, conservators, and corporate officers are to add their titles and, if not already done, submit a copy of their appointment.

2. For this proxy to be valid:
 - (a) The proxy giver must provide his or her printed name, signature, unit or lot number(s), the date that this proxy was signed and the name of the proxy holder (if other than the Board of Directors); and
 - (b) **This proxy must be received by the Association's Managing Agent or Secretary no later than 4:30 p.m. on Monday, April 8, 2019.** You may fax your proxy to the Association's Managing Agent at: (808) 566-4110.

IF NOT ALREADY PROVIDED, I WISH TO OBTAIN A COPY OF THE ASSOCIATION'S ANNUAL AUDIT REPORT.