

Ashford Place Condominium Association

Designation of Voting Representative

The undersigned, being the owner of (street address) _____ in Ashford
Place Condominium Association hereby designates:

Pursuant to ARTICLE VIII, SECTION 3 of the Ashford Place Condominium Association Bylaws,
as the individual representative who shall vote at the meetings of the Association and receive
all notices and other communications from the Association on behalf of the undersigned own-
ers.

_____	_____
CO-OWNER SIGNATURE	DATE
_____	_____
CO-OWNER SIGNATURE	DATE
_____	_____
ADDRESS	

This form is NOT A PROXY and should not be used to assign your vote to another co-owner if you cannot be at the meeting. This form is used to designate the one person from your unit who will serve as the official "Voter." The Bylaws require that only one person per unit/lot may vote at the meeting. That person from your unit should be filled in on the space provided above.

PLEASE RETURN THIS FORM TO:

SC SELECT COMMUNITY MANAGEMENT

2455 S. Industrial, Suite A
Ann Arbor, MI 48104

Phone: 734.663.1900

Fax: 734.663.0809

Email: management@thecondopros.com

FOR MANAGEMENT USE:

LOT NUMBER