

Old Lyme Shores Beach Association (“Association”)

PROXY FORM

for the June 15, 2024 Annual Meeting

I, the undersigned, hereby appoint the following member (that is, owner of land within the territorial limits of the Association who is over the age of 21, or the spouse or domestic partner of such owner), _____, as my proxy (or, if the space above is left blank, the undersigned hereby appoints the Secretary of the Association, on behalf of the Board of Governors), with full powers of substitution, for all matters to come before the meeting of the Association and any adjournment thereof to be held on June 15, 2024, in person at the Old Lyme Middle School, 53 Lyme Street, Old Lyme, CT 06371. I hereby authorize and instruct my proxyholder to use his/her best judgment on all matters which properly come before the meeting and for which a general proxy may be used, with the authority to act for me to the same extent as if I were personally present.

THIS PROXY IS REVOCABLE BY THE OWNER VIA WRITTEN NOTICE TO THE SECRETARY OF THE ASSOCIATION, AND IS VALID FOR ONLY THE ANNUAL MEETING DESIGNATED ABOVE AND ANY LAWFUL ADJOURNMENT THEREOF. IN NO EVENT IS THIS PROXY VALID FOR MORE THAN NINETY (90) DAYS AFTER THE ORIGINAL DATE OF THE MEETING FOR WHICH IT WAS GIVEN.

DATED this ___ day of _____, 2024.

Print or Type Name of Owner: _____

Street No. and Name: _____

Signature of Owner: _____

Subscribed and sworn to before me this ___ day of _____, 2024.

Signature of the Notary Public/
Commissioner of the Superior Court

Date Commission Expires: _____

Printed Name of Notary Public _____

This section is to be completed by only the proxyholder named above, if he/she wishes to appoint a substitute proxyholder.

SUBSTITUTION OF PROXY

The undersigned, appointed as proxyholder above, does hereby designate and appoint the following member (that is, owner of land within the territorial limits of the Association who is over the age of 21, or the spouse or domestic partner of such owner), _____, to substitute for me in the proxy set forth above.

Print or Type Name of Original Proxyholder: _____

Signature of Original Proxyholder: _____

Subscribed and sworn to before me this ___ day of _____, 2024.

Signature of the Notary Public/
Commissioner of the Superior Court

Date Commission Expires: _____

Printed Name of Notary Public _____

INSTRUCTIONS:

If the **Secretary** is your proxyholder, your **completed and notarized** Proxy Form must be received **no later than 5 p.m. on Friday, June 14, 2024**, and sent via email or mail to:

Email: joannegilland@icloud.com; **Subject:** Proxy Form
Mail: OLSBA, P.O. Box 80, South Lyme, CT 06376, **ATTN: SECRETARY PROXYHOLDER**

If **another Association member** is your proxyholder, that member must deliver your **completed and notarized** Proxy Form to the registration desk at the Annual Meeting **no later than 10 a.m.**