



Instruções Importantes. Se você preencher incorretamente, seu voto será **inválido.**



Primeiro: Para cada unidade que você possui, imprima:

Um (1) Formulário de Votação (**Ballot**) e um (1) Certificado de Designação (**Voting Designation Certificate**) para cada apartamento que você possui. Não assine digitalmente. É obrigatório usar tinta de caneta

Em seguida: Preencha os documentos corretamente conforme mostrado nas imagens abaixo

Primeiro, todos os proprietários devem assinar o documento **Voting Designation Certificate** (Certificado de Designação) mostrado abaixo para designar apenas um proprietário como o membro votante.

Depois, o membro votante designado deve preencher o **Ballot** (Formulário de Votação mostrado abaixo). Marque todas as caixas ao lado dos nomes em **"RECALL"** e em **"In favor of"**. Em seguida, o mesmo membro votante designado deve escrever **seu nome completo legalmente, o número da sua unidade, a data de hoje e assinar**.

Voting Designation Certificate (Certificado de Designação)

VOTING DESIGNATION CERTIFICATE TRADEWINDS A METROWEST CONDOMINIUM ASSOCIATION, INC.

Dated: July 10th 2025

The undersigned state that they are the owners of

(address): 2019 S Hiawasse Rd Unit 3215, Orlando, FL 32835 of the above Association.

Pursuant to the Documents of Association, the undersigned does hereby designate the following person as voting member for the above listed unit:

Armando Daniel Arias Rodriguez (name of one owner only)

All owners of the unit must sign here:

Armando Rodriguez (Owner)

Maria Santos (Owner)

John Sanchez (Owner)

VOTING CERTIFICATE INSTRUCTIONS

A Voting Certificate is provided to determine who the voting representative will be for your unit if your unit is owned by more than one person (other than married couple), a corporation, or a partnership. A Voting Certificate is not needed if only one person owns the unit.

A Voting Certificate is NOT A BALLOT and may not be used as such. Only an owner or the appropriate corporate officer may be named on a Voting Certificate, not a third party.

The following examples illustrate the proper use of this certificate:

(1) Unit owned by Jane Doe and her brother, Mark Doe. Voting certificate required designating either Jane or Mark as the voting representative (not a third person).

(2) Lot owned by Overseas, Inc., a corporation. Voting certificate must be filed designating an officer or employee entitled to vote, signed by an authorized representative of the corporation.

Ballot (Formulário de Votação)

CONDOMINIUM - WRITTEN RECALL AGREEMENT / BALLOT

BLOCK A

This agreement is being circulated for the purpose of recalling the board members listed below, currently serving on the board of directors of Tradewinds A Metrowest Condominium Association Inc. (fill in name of association). Pursuant to section 718.112(2)(j), Florida Statutes, any member of the board of administration may be recalled and removed from office with or without cause by the vote or agreement in writing by a majority of all the voting interests. Rule 61B-23.0028, Florida Administrative Code, governs recall by written agreement. This recall ballot may be used for a successive recall effort if the first recall effort is unsuccessful. Any revocation of this agreement must be in writing and delivered to the board prior to service of the recall agreement on the board.

THE BOARD MEMBERS SUBJECT TO RECALL ARE LISTED BELOW. PLEASE CAST YOUR VOTE BY MARKING EITHER THE "RECALL" OR "RETAIN" BOX NEXT TO EACH BOARD MEMBER'S NAME. (Note that these boxes cannot be pre-marked but must be filled out by the voter.)

Name of board member	Russell Black	RECALL	RETAIN
Name of board member	Rita Calazza	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of board member	Oscar Pinto Marquez	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of board member	Elizabeth Osusa	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of board member	Maria Luisa Cedeno	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of board member		<input type="checkbox"/>	<input type="checkbox"/>
Name of board member		<input type="checkbox"/>	<input type="checkbox"/>

BLOCK B

BALLOT FOR REPLACEMENT OF BOARD MEMBERS (use only where at least a majority of the board is being recalled)

The individuals listed below have indicated their willingness to replace the recalled board members. You may vote for these candidates by marking the box next to the candidate's name OR you may write in the name of a write-in candidate. **In any event, do not vote for more than a total of the number of directors sought to be recalled, including write-in candidates.**

Name of replacement board member	Doug Maskiewicz	In Favor of
Name of replacement board member <td>Stephanie Richardson</td> <td><input checked="" type="checkbox"/></td>	Stephanie Richardson	<input checked="" type="checkbox"/>
Name of replacement board member <td>Rosana Lima</td> <td><input checked="" type="checkbox"/></td>	Rosana Lima	<input checked="" type="checkbox"/>
Name of replacement board member <td>Elyssia Chinchilla</td> <td><input checked="" type="checkbox"/></td>	Elyssia Chinchilla	<input checked="" type="checkbox"/>
Name of replacement board member <td>Firas Abolgar</td> <td><input checked="" type="checkbox"/></td>	Firas Abolgar	<input checked="" type="checkbox"/>
Name of replacement board member <td></td> <td><input type="checkbox"/></td>		<input type="checkbox"/>
Name of replacement board member <td></td> <td><input type="checkbox"/></td>		<input type="checkbox"/>
Write-In Candidate <td></td> <td><input type="checkbox"/></td>		<input type="checkbox"/>

BLOCK C

Armando Daniel Arias Rodriguez 3418
Unit Owner(s) (Print name) Unit Number

By signing this document, I affirm that I am authorized in the manner required by the condominium documents to cast this vote on behalf of this unit.

Armando Rodriguez July 10th, 2025
Unit Owner(s) Signature Date signed

UNIT OWNERS' REPRESENTATIVE: The person identified below has been designated as the unit owners' representative who will receive the recall agreements, open the written agreements, tally the votes, serve copies of the agreements on the board, and receive other information on behalf of the unit owners: (below, fill in the name and address of the unit owners' representative)

Doug Maskiewicz
1075 South Hiawasse Road Unit 928 Orlando, FL 32835

Para enviar seu voto: Escaneie ou tire fotos claras dos documentos e volte ao site [SaveTradewinds.com](https://www.savetradewinds.com), pressione o botão "Vote" e siga o Passo 2 (Step 2)

**VOTING DESIGNATION CERTIFICATE TRADEWINDS A METROWEST
CONDOMINIUM ASSOCIATION, INC.**

Dated: _____ 2025

The undersigned state that they are the owners of
(address): _____ of the above Association.

Pursuant to the Documents of Association, the undersigned does hereby designate the following
person as voting member for the above listed unit:

_____ (name of one owner only)

All owners of the unit must sign here:

_____ (Owner)

_____ (Owner)

_____ (Owner)

VOTING CERTIFICATE INSTRUCTIONS

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THE BOARD MEMBERS SUBJECT TO RECALL ARE LISTED BELOW. PLEASE CAST YOUR VOTE BY MARKING EITHER THE "RECALL" OR "RETAIN" BOX NEXT TO EACH BOARD MEMBER'S NAME.

(Note that these boxes cannot be pre-marked but must be filled out by the voter.)

		RECALL	RETAIN
Name of board member	<u>Russell Black</u>	<input type="checkbox"/>	<input type="checkbox"/>
Name of board member	<u>Rita Caiazza</u>	<input type="checkbox"/>	<input type="checkbox"/>
Name of board member	<u>Oscar Pinto Marquez</u>	<input type="checkbox"/>	<input type="checkbox"/>
Name of board member	<u>Elizabeth Osusa</u>	<input type="checkbox"/>	<input type="checkbox"/>
Name of board member	<u>Maria Luisa Cedeno</u>	<input type="checkbox"/>	<input type="checkbox"/>
Name of board member	<u></u>	<input type="checkbox"/>	<input type="checkbox"/>
Name of board member	<u></u>	<input type="checkbox"/>	<input type="checkbox"/>

BLOCK B

BALLOT FOR REPLACEMENT OF BOARD MEMBERS (use only where at least a majority of the board is being recalled)

The individuals listed below have indicated their willingness to replace the recalled board members. You may vote for these candidates by marking the box next to the candidate's name OR you may write in the name of a write-in candidate.

In any event, do not vote for more than a total of the number of directors sought to be recalled, including write-in candidates.

		In Favor of
Name of replacement board member	<u>Doug Maskiewicz</u>	<input type="checkbox"/>
Name of replacement board member	<u>Stephanie Richardson</u>	<input type="checkbox"/>
Name of replacement board member	<u>Rosana Lima</u>	<input type="checkbox"/>
Name of replacement board member	<u>Elyissia Chinchilla</u>	<input type="checkbox"/>
Name of replacement board member	<u>Firas Abolgar</u>	<input type="checkbox"/>
Name of replacement board member	<u></u>	<input type="checkbox"/>
Name of replacement board member	<u></u>	<input type="checkbox"/>
Write-In Candidate	<u></u>	<input type="checkbox"/>

BLOCK C

Unit Owner(s) (Print name)

Unit Number

By signing this document, I affirm that I am authorized in the manner required by the condominium documents to cast this vote on behalf of this unit.

Unit Owner(s) Signature

Date signed

UNIT OWNERS' REPRESENTATIVE: The person identified below has been designated as the unit owners' representative who will receive the recall agreements, open the written agreements, tally the votes, serve copies of the agreements on the board, and receive other information on behalf of the unit owners: (below, fill in the name and address of the unit owners' representative)

Doug Maskiewicz
1075 South Hiawassee Road Unit 928 Orlando, FL 32835