



Homeowners Association
P. O. Box 13565, Tallahassee, FL 32317
Phone: 850-894-1919 Office@myhomeowners.net

ANNUAL MEETING NOTIFICATION

DATE: Thursday, March 12, 2026
TIME: 6:00 P.M.
PLACE: **Wakulla Room** of the Wakulla County Community Center,
322 Shadeville Road

The annual meeting & election for the Summerfield Homeowners Association has been scheduled for Thursday, March 12, 2026. The meeting will begin at 6:00 p.m. and will be held at the Wakulla County Community Center Wakulla Room, 322 Shadeville Road.

Volunteers are needed for the Board! If you are willing to serve on the Board of Directors, please send the enclosed candidate sheet to: Summerfield HOA, PO Box 13565, Tallahassee, FL 32317 or email to office@myhomeowners.net no later than March 6, 2026.

If you are unable to attend the meeting, please sign and return the proxy so that we are able to achieve a quorum to hold elections. You may designate another owner to vote on your behalf by signing the proxy form below.

Summerfield Homeowners Association, Inc.
PROXY DESIGNATION

The undersigned hereby appoints _____, with full power of substitution, as my proxy holder to attend the Annual Meeting of the Members of Summerfield Homeowners Association, Inc., to be held on March 12, 2026, 6:00 P.M. at the Wakulla County Community Center, 322 Shadeville Road, and any adjournment or adjournments thereof. The proxy holder named above has the authority to vote and act for me to the same extent (general powers) that I would if personally present.

Address/Block & Lot: _____ Date: _____

Name: _____

Signed: _____

THIS PROXY IS REVOCABLE BY THE UNIT OWNER AND IS VALID ONLY FOR THE MEETING FOR WHICH IT IS GIVEN AND ANY LAWFUL ADJOURNMENT. IN NO EVENT IS THIS PROXY VALID FOR MORE THAN NINETY (90) DAYS FROM THE DATE OF THE ORIGINAL MEETING FOR WHICH IT WAS GIVEN.

CANDIDATE INFORMATION SHEET: Summerfield HOA 2026

NAME: _____

E-MAIL: _____

ADDRESS:

PERSONAL BACKGROUND/EDUCATION/EXPERIENCE:

PRIOR HOMEOWNERS ASSOCIATION EXPERIENCE:

COMMENTS ABOUT BOARD CANDIDACY:

Signed: _____

Date: _____