

**ASSOCIATION OF APARTMENT OWNERS
OF THE WAIKIKI BANYAN**

WRITTEN CONSENT

OWNER'S NAME(S): _____

APARTMENT NUMBER(S): _____

DIRECTIONS: Please print your name and apartment number in the spaces above, then, **mark your choice** for or against the proposed actions in the boxes provided. Finally, **sign at the end of this consent** and **date your signature**.

<u>PROPOSED ACTION</u>	<u>IN FAVOR</u>	<u>OPPOSE</u>
1. Collection of Rent from Tenants of Delinquent Apartment Owners (Proposed resolution enclosed.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Termination of Common Utilities and Services to Delinquent Apartment Owners (Proposed resolution enclosed.)	<input type="checkbox"/>	<input type="checkbox"/>

If a majority of the owners (being the owners of apartments to which are appurtenant more than 50% of the common interest) vote in favor of Proposed Resolutions, the Board shall be authorized to record the Bylaws amendments in the Bureau of Conveyances (Bureau) and the Office of the Assistant Registrar of the Land Court (Office) of the State of Hawaii.

I/We, the owners of the apartment(s) listed above, have reviewed the Proposed Actions set forth in full in Exhibit A, and have marked the boxes above to indicate my/our decisions on the Proposed Actions.

Signature

Signature

Date: _____

Date: _____

Please sign your name(s) as they appear on the lease or deed that conveyed your apartment(s) to you. Executors, Administrators, Trustees, Guardians, Conservators, Attorneys, and Corporate Officers must add their title and submit a copy of their appointment or authority, unless they have already done so.

Please return this Written Consent in the self-addressed, stamped envelope provided.