

**CONSENT AND VOTE OF PROPERTY OWNER
FOR AMENDMENT TO PROTECTIVE COVENANTS
FOR NEW PROSPERITY CENTER**

Property Name(s): _____

d/b/a: _____

Property Address: _____

Legal Description (or Lot/Parcel Number): _____

WHEREAS, the undersigned is the owner of the above-described property subject to the Protective Covenants for NEW Prosperity Center recorded in Outagamie County, Wisconsin (the “Protective Covenants”); and

WHEREAS, the Protective Covenants provide that they may be amended upon approval of the required percentage of property owners; and

WHEREAS, pursuant to the Protective Covenants for NEW Prosperity Center, each property is allocated a voting interest based upon the number of acres comprising such property, and the above-described property is entitled to **blank (blank) vote(s)**;

WHEREAS, the terms of the proposed Amendment to the Protective Covenants for NEW Prosperity Center (the “Amendment”) are set forth herein below.

PROPOSED AMENDMENT TO PROTECTIVE COVENANTS

2. Setbacks and Bulk Regulations.

- A. Front Yard. Any part or portion of any building shall be set back at least fifty (50) feet from the lot line adjoining any street. **The Commission may approve a reduced front yard setback. In no event shall the front yard setback be less than twenty (20) feet.**

NOW, THEREFORE, the undersigned hereby casts the vote indicated below with respect to the proposed Amendment.

☐ FOR APPROVAL – The undersigned hereby votes in favor of and consents to the adoption of the Amendment to the Protective Covenants.

☐ AGAINST APPROVAL – The undersigned votes against the proposed Amendment.

(Check one)

The undersigned certifies that they are authorized to execute this Consent on behalf of the property owner. The undersigned authorizes this Consent to be used to determine whether the required approval threshold for adoption of the Amendment has been met, and to be included with the official records of the Amendment.

Dated this _____ day of _____, 2026.

Property Name(s): _____

d/b/a: _____

By: _____

Printed Name: _____

Title: _____

NOTARY ACKNOWLEDGMENT

State of Wisconsin
Outagamie County

Personally came before me this _____ day of _____, 2026, the above-named _____ to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

Notary Public, State of Wisconsin: _____

My Commission (expires/is permanent): _____

(Seal)

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