

THIS INSTRUMENT PREPARED BY AND
WHEN RECORDED RETURN TO:

FERN F. MUSSELWHITE, ESQ.
SIEGFRIED, RIVERA, LERNER, DE LA TORRE AND SOBEL, P.A.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FLORIDA 33134
(305) 442-3334

_____ **Space Above This Line For Recording Data** _____

SPECIFIC POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That I/We, _____ and
_____, (the "Principal(s)"), have made, constituted and
appointed, and by these presents do make, constitute and appoint
_____, to be our true and lawful attorney for us and in our
name, place and stead, to execute any and all documents on our behalf to effectuate the closing,
sale and purchase of the following described property:

A Unit of FAIRWAY GREENS CONDOMINIUM HOMES

(the "Property"); and to execute all documents in connection with the sale and purchase of the
Property between the Principal, as Buyer, and EC-FAIRWAY GREENS, L.L.C., as Seller,
including, but not limited to, any contract documents, including selections of extras and upgrades,
settlement statements, closing documents, mortgages, and any and all loan documents as
required by the Buyer's lender to close the purchase and sale of the Property.

I/We grant to our attorney in fact, full power and authority to do and perform all and every
act and thing whatsoever requisite, necessary and proper to be done in the exercise of any of the
rights and powers herein granted, as fully to all intents and purposes as we might or could do if
personally present, hereby ratifying and confirming all that our attorney in fact shall lawfully do or
cause to be done by virtue of this power of attorney and the rights and powers herein granted.
The enumeration of specific items, acts, rights or powers herein does not limit or restrict, and is
not to be construed or interpreted as limiting or restricting the general powers herein granted to
my attorney in fact.

The rights, powers and authority of my attorney in fact to exercise any and all of the rights
and powers herein granted, shall commence and be in full force and effect from the date of
execution hereof, shall not be affected by an physical or mental disability that I may suffer, except
as provided by statute, and shall remain in full force and effect thereafter for a period of two (2)
years from the date of execution.

INSTRUCTIONS FOR SIGNING POWER OF ATTORNEY

Please take this Power of Attorney to a notary public for signing. It is imperative that you have two (2) different witnesses and a notary public also sign the Power of Attorney. Please make sure the notary seals/stamps the Power of Attorney and that all witnesses print their names under their signatures. The notary MUST complete the form below and send us a copy of YOUR IDENTIFICATION. These completed instructions, the copy of your identification and the original signed Power of Attorney need to be returned to this office before the closing.

ALL PARTIES NEED TO SIGN IN BLUE INK.

FAILURE TO COMPLY WITH ANY OF THE ABOVE MAY RESULT IN THE TRANSACTION NOT CLOSING.

NOTARY/CONSULATE:

PLEASE COMPLETE THE FOLLOWING INFORMATION AND RETURN THIS PAGE WITH ALL DOCUMENTS:

Date documents signed: _____

PRINT Name of Witness #1 _____

PRINT Name of Witness #2 _____

PRINT Name of Notary: _____

Daytime Phone # of Notary: _____

County Documents signed in: _____

State Documents signed in: _____

Type of Identification produced: _____

IMPORTANT: PLEASE ALSO PROVIDE A COPY OF THE IDENTIFICATION PRODUCED.

Thank you