

**POWER OF ATTORNEY
CONTACT INFORMATION SHEET**

The following information must be completed and returned with your notarized Power-of-Attorney in order to be accepted and processed by our sales team. Incomplete or illegible forms may be rejected by the Developer's attorney.

Please **PRINT** all items listed below:

Name of Purchaser/s	Mailing Address	Telephone
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Your Name as Attorney-in-fact (AiF): _____

AiF Phone: () _____ AiF Alternate Phone: () _____

AiF Company Name: _____

AiF Company Phone: () _____

AiF Email Address: _____

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 ADDISON POINTE AT BOCA RATON , A CONDOMINIUM

(the "Property"); and to execute all documents in connection with the sale and purchase of the Property between the Principal, as Buyer, and Back Bay Acquisition Group, LLC., 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.

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