

**LIMITED POWER OF ATTORNEY**

**Robert Stephen Hill**

**NOTARY PUBLIC**

**OFFICE: 407-932-3683**

**FAX: 407-870-2060**

I / WE, \_\_\_\_\_, AUTHORIZE THE FOLLOWING PERSONS AT ALEXANDER HOLIDAY HOMES, INC. TO BE OUR AGENTS FOR MAKING DEPOSITS AND ENTERING INTO AGREEMENTS IN OUR HOME, TO INCLUDE NECESSARY CREDIT CHECKS FOR THE FOLLOWING SERVICES: UTILITIES, TELEPHONE, CABLE TELEVISION SERVICE, TRASH SERVICE, AND THE RECEIVING OF BILLS / STATEMENTS. I / WE ALSO AUTHORIZE ALEXANDER HOLIDAY HOMES, INC. TO DISCUSS SALES AND TOURIST DEVELOPMENT TAX MATTERS ON OUR BEHALF. THESE SERVICES RENDERED FROM THEIR COMPANY HEAD-OFFICE AT:

1400 W. OAK STREET - SUITE H - KISSIMMEE, FL - 34741

- 1. DAPHNE ALEXANDER
- 2. ERNEST ALEXANDER
- 3. NEIL ALEXANDER

1. THE LOCATION OF MY RENTAL HOME IS:

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2. I / WE AUTHORIZE THE ABOVE TO ACT AS OUR AGENTS, AND DO ALL THAT IS NECESSARY TO OBTAIN ALL FEDERAL, STATE, COUNTY, AND CITY LICENSES

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

3. THE FOREGOING SIGNED AND DATED INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS

DAY \_\_\_\_\_ BY: \_\_\_\_\_

\_\_\_\_\_  
NOTARY SIGNATURE

\_\_\_\_\_  
PRINT NAME