

Record and Return to:

File No: _____

Permit No. 47820

Key No. _____

Tax Folio/Parcel ID: 15-5S-16-03623-002

Florida

NOTICE OF COMMENCEMENT

State of _____

County of COLUMBIA

THE UNDERSIGNED hereby gives notice that improvement will be made to certain, and in accordance with Chapter 713, Florida State Statutes, the following information is provided in this Notice of Commencement:

1. Description of Property: Parcel No.: Lot 2 Hi-Dri Acres Unit 1. ORB 473-702, WD 1237-883
(Legal description of the property and street address if available) 233 Raven Ln Lake City FL 32024

2. General Description of Improvement: Replace Windows/Doors

3. Owner Information: Name: Barbara Hynes

Address: 7219 NE 21st Pl City High Springs State FL Zip 32643

Interest in Property: owner

Name and Address of Fee Simple Titleholder (if other than owner): N/A

4. Contractor: Name: Window World of Ocala - Brian Wall

Address: 35 SW 57th Ave City Ocala State FL Zip 34474

Phone No. (352) 690-2244 Fax No. _____

5. Surety: Name N/A

Amount of Bond: \$ _____

Address: _____ City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

6. Lender: Name: N/A

Address: _____ City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes. Name: N/A

Address: _____ City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

8. In addition to himself or herself, Owner designates N/A of _____
To receive a copy of the Lessor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

9. Expiration date of Notice of Commencement (the expiration date is 1 year of recording unless a different date is _____)

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SEC 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Barbara O. Hynes
Signature of Owner or Owner's Authorized Officer/Director/Partner/Manager

Signatory's Title/Office _____

State of Florida

County of Citrus

The foregoing instrument was acknowledged before me this 20 day of Jan, 2021 by Barbara O. Hynes as
(Name of Person)

owner for _____
(Type of authority e.g., office, trustee, attorney in fact) (Name of party on behalf of who instrument was executed)

Lisa Darus Physical presence

Signature of Notary

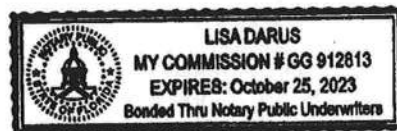
Print, Type or Stamp Name of Notary

Personally known _____ OR Produced Identification ☒

Type of Identification Produced: FL DL

Verification pursuant to Section 92.525, Florida Statutes: under Penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

Barbara O. Hynes
Signature of Natural Person Signing Above



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