

Permit Number:  
Folio/Parcel ID#: 20-3S-17-05369-012 (45901)  
Prepared By: Frits Klaassen - 17810 US 441 S, High Springs, FL 32643  
Return To: Frits Klaassen - 17810 US 441 S, High Springs, FL 32643

## NOTICE OF COMMENCEMENT

State of Florida

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. Description of property (legal description of the property, and street address if available)

223 NE Gum Swamp Rd, Lake City, FL 32055; COMM AT THE NW COR OF SE 1/4 OF SW 1/4, RUN S 49 DEG E 430.16 FT TO S RAW OF DOUBLE RUN RD, THENCE S 57 DEG E 131.02 FT, N 54 DEG E 78.29 FT FOR POB, CONT'N 54 DEG E 58.84 FT, S 24 DEG E 169.72 FT TO N R/W OF NE GUM SWAMP RD, S 71 DEG W ALONG R/W 75 FT, N 17 DEG W 151.59 FT TO POB, (AKA LOT 12, TRIANGLE PARK S/D UNR) & LOT 13 OF TRIANGLE PARK; DESC AS: COMM NW COR OF SE 1/4 OF SW 1/4, S 49 DEG E 430.16 FT, N 37 DEG E 150 FT, S 56 DEG E 130.80 FT TO POB, N 54 DEG E 78.52 FT, S 18 DEG 151.65 FT, S 71 DEG W 75 FT, N 18 DEG W 128.65 FT TO POB, 328-49, 471-56, 631-766, 630-835, 1001-2467, OC 1027-2350, WD 1033-2532, 2535, WD 1129-2171, 1159-2522, WD 1341-1721, WD 1399-937, WD 1473-1720, WD 1473-1727, WD 1485-2635, OC 1485-2636, WD 1485-2638, OC 1485-2363, WD 1493-1980

2. General description of improvement

Remove existing shingles and replace with new shingles

3. Owner information or Lessee information (if the Lessee contracted for the improvement)

Name: Mark Herrera

Address: 221 NE Gum Swamp Rd Lake City, FL 32055

Interest in Property: Owner

Name and address of fee simple titleholder (if different from Owner listed above)

Name \_\_\_\_\_

Address \_\_\_\_\_

4. Contractor

Name: Worthmann Construction Telephone Number: 352-472-3228

Address: 17810 US 441 S, High Springs, FL 32643

5. Surety (if applicable, a copy of the payment bond is attached)

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_

6. Lender

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

7. Persons within the State of Florida designated by Owner upon whom notices or other documents maybe served as provided by §713.13(1)(a)7, Florida Statutes.

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

8. In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

9. Expiration date of notice of commencement (the expiration date will be 1 year from the date of recording)

unless a different date is specified)

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 I, SECTION 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.

Mark Herrera

Mark Herrera

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09/13/2023

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

Signatory's Title/Office

The foregoing instrument was acknowledged before me this day of 10/12/23 by MARK HERRERA month/year name of person as for Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

Signature of Notary Public - State of Florida Print, type, or stamp commissioned name of Notary Public

Personally Known OR Produced ID DL

Type of ID Produced

