

Document Prepared By:
Leah McCormack
1130 1st St S Winter Haven, FL 33880

NOTICE OF COMMENCEMENT

Permit Number _____
Tax Folio/Parcel ID: 01-55-16-03405-104 (16676)

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 property, and street address)

327 Southwest Meadow Terrace, Lake City, FL 32024

LOT 4 SOUTHWOOD MEADOWS S/D. 775-1903, QC 1053-368, QC 1050-1098,

2. General description of improvement: RE-ROOF

3. Owner information:

a. Name and address: Arlene Borland 327 Southwest Meadow Terrace, Lake City, FL 32024

b. Phone number: 386-697-7825

c. Name and address of fee simple titleholder (if other than owner): n/a

4. Contractor:

a. Name and address: Contracting Specialist Inc. 1130 1st Street South, Winter Haven, FL, 33880

b. Phone number: 863-514-9532

5. Surety:

a. Name and address: N/A

b. Amount of bond \$: _____

c. Phone number: _____

6. Lender:

a. Name and address: N/A

b. Phone number: _____

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)(a)7, Florida Statutes:

a. Name and address: N/A

b. Phone number: _____

8. In addition to himself, owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1) (b), Florida Statutes:

a. Name and address: N/A

b. Phone number: _____

9. The expiration date of the notice of commencement is one (1) year from the date of recording unless a different date is specified _____

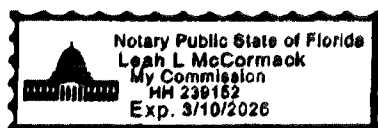
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES. AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED 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.

Xby: Arlene Borland
Signature of Owner or Owner's Authorized Officer/Director/Partner/Manager

Arlene Borland / OWNER
Signatory's Printed Names and Title/Office

STATE OF FLORIDA, COUNTY OF Columbia

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization this 3rd day of March 2023 by Arlene Borland (name of person) as OWNER (type of authority: e.g., officer, trustee, attorney in fact) for ////////// (name of party on behalf of whom instrument was executed) ☐ who is personally known to me ☒ or who has produced FL Driver's License as identification.



[Signature]
Signature of Notary Public
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 are true to the best of my knowledge and belief.
Xby: Arlene Borland
Signature of Natural Person Signing Above