Inst. Number: 202412020432 Book: 1524 Page: 79 Page 1 of 1 Date: 9/20/2024 Time: 3:59 PM James M Swisher Jr Clerk of Courts, Columbia County, Florida Doc Mort: 0.00 Int Tax: 0.00 Doc Deed: 0.00

NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	
21-35-16-02216-003	
THE UNDERSIGNED hereby gives notice that Improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.	
1. Description of property (legal description): 21-35-16-62216-003 Lake wood Acres \$10 Lot 5  a) Street (job) Address: 307 NW 5 largy Dr. Lake City 32035  2. General description of improvements: METAL re-roof	
3. Owner Information or Lessee information if the Lessee contracted for the improvements:  a) Name and address: Anita I onett: 307 NW Slappy Nr. Lake City 33055  b) Name and address of fee simple titleholder (if other than owner)  c) Interest in property OWNER	
a) Name and address:	Ent bond is attached).
6. Lender  a) Name and address: MA  b) Phone No	
7. Person within the State of Florida designated by Own 713.13(1)(a)7., Florida Statutes a) Name and address: b) Telephone No.:	er upon whom notices or other documents may be served as provided by Section
Section 713.13(I)(b), Florida Statutes:	e following person to receive a copy of the Lienor's Notice as provided in  OF
9. Expiration date of Notice of Commencement (the exp is specified):	piration date will be 1 year from the date of recording unless a different date
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 YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.	
STATE OF FLORIDA COUNTY OF COLUMBIA  Signature of Own	ner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
۔ ئے	Anita Tonetti nted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me,  Anita Toneti; as OWN  (Name of Person) (Type of Aut)  Personally Known OR Produced Identification	hority) (name of party on behalf of whom instrument was executed)
Notary Signature Danille	DANIEL J. CARLUCCI MY COMMISSION #HH572186 EXPIRES: JUL 28, 2028 Bonded through 1st State insurance