Inst. Number: 201312017640 Book: 1264 Page: 2390 Date: 11/13/2013 Time: 9:09:58 AM Page 1 of 1 P.DeWitt Cason Clerk of Courts, Columbia County, Florida

31533

NOTICE OF COMMENCEMENT Clerk's Office Stamp Tax Parcel Identification Number st 201312017640 Date 11/13/2013 Time 9 09 AM THI 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): Hollings wort a) Street (job) Address: 2 General description of improvements: 3. Owner Information a) Name and address HOWARD b) Name and address of fee simple titleholder (if other than owner) c) Interest in property 4 Contractor Information a) Name and address: b) Telephone No 5 Surety Information a) Name and address b) Amount of Bond. c) Telephone No.. 6 Lender a) Name and address, b) Phone No. 7 Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served. a) Name and address: 8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 70 3.13(I)(b), Florida Statutes: a) Name and address. b) Telephone No. Fax No. (Opt.) 9 Expiration date of Notice of Commencement (the expiration date is one 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 YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. STATE OF FLORIDA COUNTY OF COLUMBIA Owner or Owner's Authorized Office/Director/Partner/Manager The foregoing instrument was acknowledged before me, a Florida Notary, this (type of authority, e.g. officer, trustee, attorney fact) for (name of party on behalf of NANCY A. BALLARD OR Produced Identification Commission # EE 014326 Expires August 4, 2014 Bonded Thru Troy Fain Insurance 800-385-7019 **Notary Signature** Notary Stamp or Seal. ---AND---

11 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

Signature of Natural Person Signing (in the #10 above)