

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number

18-75-17-10021-016

Clerk's Office Stamp

Inst: 201412006898 Date: 5/8/2014 Time: 11:59 AM
DC, P DeWitt Cason, Columbia County Page 1 of 1 B 1274 P.818

TH 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) _____
a) Street (job) Address 172 SW RIVER RUE COURT FORT WHITE
2. General description of Improvements _____
3. Owner Information
a) Name and address DAVID FLYNN
b) Name and address of fee simple titleholder (if other than owner) N/A
c) Interest in property _____
4. Contractor Information
a) Name and address N OWNER
b) Telephone No _____ Fax No (Opt) _____
5. Surety Information
a) Name and address N/A
b) Amount of Bond _____
c) Telephone No _____ Fax No (Opt.) _____
6. Lender
a) Name and address N/A
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 N/A
b) Telephone No _____ Fax No (Opt) _____
8. In addition to himself owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(b) Florida Statutes
a) Name and address N/A
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

10 [Signature]
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager

DAVID FLYNN
Printed Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 8 day of May, 20 14, by David Flynn as Owner (type of authority, e.g. officer, trustee, attorney fact) for Self (name of party on behalf of whom instrument was executed).

Personally Known _____ OR Produced Identification ☒ Type PLDL

Notary Signature [Signature]

Notary Stamp or Seal

