

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

Clerk's Office Stamp  
Inst: 202412018898 Date: 08/30/2024 Time: 2:42PM  
Page 1 of 1 B: 1522 P: 1711, James M Swisher Jr, Clerk of Court  
Columbia County, By: OA  
Deputy Clerk

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):

a) Street (job) Address: 315 Colleen Ave Fort White 32038

2. General description of improvements: Restore Victorian Home to Cafe

3. Owner information or Lessee information if the Lessee contracted for the improvements:

a) Name and address: Margaret Ann Hudson Greene

b) Name and address of fee simple titleholder (if other than owner)

c) Interest in property

4. Contractor information

a) Name and address: Owner Builder

b) Telephone No.: 386 961 1908

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

a) Name and address:

b) Telephone No.:

c) Amount of Bond:

6. Lender

a) Name and address:

b) Phone No.:

7. Person 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:

b) Telephone No.:

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

a) Name:

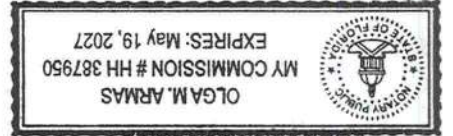
b) Telephone No.:

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):

8-30-25

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.

10. Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager  
Margaret Hudson Greene  
Printed Name and Signatory's Title/Office  
Margaret Hudson Greene  
The foregoing instrument was acknowledged before me, by means of ☒ physical presence or ☐ online notarization, a Florida Notary, as Notary (Name of Person) by: Olga M. Armas, 20 24 day of August, 20 24, for Margaret H. Greene (name of party on behalf of whom instrument was executed) who is personally known ☐ OR produced identification ☒ (Type of Authority)  
Type ID FL-DI  
6650-568-49-588-0



Notary Signature Olga M. Armas (Notary Stamp or Seal)