

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number

31976

Clerk's Office Stamp

Inst 201412007760 Date: 5/21/2014 Time: 3:51 PM
DC: P. DeWitt Cason Columbia County Page 1 of 1 B 1275 P 121

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) Parcel # 11-6S-16-0381S-128
a) Street (job) Address 487 SW Crownhill Ct, Lake City, FL 32025
- 2 General description of improvements Deck / Screen room
- 3 Owner Information
a) Name and address Megan Strickland, 487 SW Crownhill Ct
b) Name and address of fee simple titleholder (if other than owner) _____
c) Interest in property owner
- 4 Contractor Information
a) Name and address Vince Richardson - 692 SW Arlington Blvd.
b) Telephone No 755-5779 Fax No (Opt) _____
- 5 Surety Information
a) Name and address _____
b) Amount of Bond N/A
c) Telephone No _____ Fax No (Opt) _____
- 6 Lender
a) Name and address _____
b) Phone No N/A
- 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 _____
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(f)(b) Florida Statutes
a) Name and address _____
b) Telephone No N/A 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 Owner's Authorized Office/Director/Partner/Manager

Megan Brown
Printed Name

The foregoing instrument was acknowledged before me, a Florida Notary this 12 day of May, 2014, by _____ as _____ (type of authority, e.g. officer, trustee, attorney fact) for _____ (name of party on behalf of whom instrument was executed)

Personally Known ☒ OR Produced Identification _____ Type _____

Notary Signature [Signature] Notary Stamp or Seal



SANDRA H. TILLOTSON
MY COMMISSION # EE 051363
EXPIRES January 31, 2015
Bonded Thru Budget Notary Services

---AND---

11 Verification pursuant to Section 97.525, 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]
Signature of Natural Person Signing (in line #10 above)