

NOTICE OF COMMENCEMENT

County Clerk's Office Stamp or Seal

Tax Parcel Identification Number 02-65-17-09533-236

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 71, Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

1. Description of property (legal description): Lot 6, Block B Olustee Creek Estates S/D  
a) Street (Job) Address: 795 SE Bald Eagle Loop, Lake City, FL 32026 unit II
2. General description of improvements: \_\_\_\_\_
3. Owner Information  
a) Name and address: Gerald David Powers Lake City, FL 32025  
b) Name and address of fee simple titleholder (if other than owner) \_\_\_\_\_  
c) Interest in property \_\_\_\_\_
4. Contractor Information  
a) Name and address: Holt Professional Inc PO Box 140147 Gainesville FL 32614  
b) Telephone No.: 352-373-9380 Fax No. (Opt.): 352-377-4023
5. Surety Information  
a) Name and address: \_\_\_\_\_  
b) Amount of Bond: \$ 0  
c) Telephone No.: \_\_\_\_\_ Fax No. (Opt.): \_\_\_\_\_
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: \_\_\_\_\_  
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(1) 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, FL 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 OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

STATE OF FLORIDA  
COUNTY OF COLUMBIA

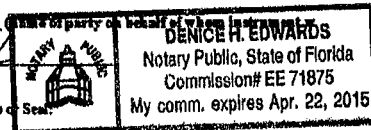
10. Gerald David Powers  
Signature of Owner or Owner's Authorized Officer/Director/Partner/s  
Gerald David Powers  
Print Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 27<sup>th</sup> day of July, 2013  
Gerald David Powers as Owner (type of authority, e.g. officer, trustee)

fact) for \_\_\_\_\_

Personally Known OR Produced Identification ☒ Type FL DL

Notary Signature Denise H. Edwards Notary Stamp or Seal



11. Verification pursuant to Section 92.525, Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing facts stated in it are true to the best of my knowledge and belief.