NOTICE OF COMMENCEMENT			¥ :
	Inst:	202312010448 Date: 06/06/2023 Time: 11:24AM	100
This Instrument Prepared By:	Page	1 0f 1 B: 1492 P: 194 James M Swicken In Class	of Cou
Name: Fun State Pools, Inc.	Colu	mbia, County, By: VC	
Address: 3601 NW 97 Blvd G'ville FL 32606	жри	ty Clerk	
Permit No:			
Tax Folio No: 36-65 - 16 - 04072	5-003		
STATE OF: Florida	100		
COUNTY OF: Col-mbia			7 ·
Statutes, the following information is provided in this 1. DESCRIPTION OF PROPERTY: Street Address: Legal Description: 1905-6-7-P	Notice of Commencement 4221 54 36-85-18	- 64075-003	
2. GENERAL DESCRIPTION OF IMPROVEMENT(s): in grown	ed concrete bool	
3 OWNED INCODERATION: a) Name: Che: 5	lanta-15tares	Thomas Address: 4221 Su 4 R 18	
b.) Interest in Property: Fee Simple		Ft. white 3203	0
c.) Fee Simple Titleholder (if other than owner) Name		Address:	•
			 -
4. CONTRACTOR: a.) Name: Fun State Pools, In	Address:	3601 NW 97 Blvd G ville 32606 b.) Phone: 352-332	7665
5. SURETY: a.) Name: N/A		_ Address: N/A	
b.) Amount of bond \$: N/A		c.) Phone: N/A	
6. LENDER: a.) Name: N/A	Address: N/A	b) Phone N/A	
7. Persons within the State of Florida designated 713.13(1)(a) 7., Florida Statutes:	by Owner upon whom n	otices or other documents may be served as provided by	Section
a.) Name: N/A	Address: N/A	b.) Phone: N/A	
In addition to himself, Owner designates the for Florida Statutes.	llowing person(s) to rece	eive a copy of Lienor's Notice as provided in Section 713.	13(1)(b),
a.) Name: N/A	_Address: N/A	b.) Phone: N/A	
	THE RESIDENCE AND ASSESSMENT OF THE PERSON O	(1) year from the date of recording unless a different date i	
specified.) N/A		R THE EXPIRATION OF THE NOTICE OF COMMENCEME	
CONSIDERED IMPROPER PAYMENTS UNDER CH PAYING TWICE FOR IMPROVEMENTS TO YOUR	IAPTER 713, PART I, SE PROPERTY. A NOTICE N. IF YOU INTEND TO	CTION 713.13, FLORIDA STATUTES, AND CAN RESULT I E OF COMMENCEMENT MUST BE RECORDED AND POS D OBTAIN FINANCING, CONSULT WITH YOUR LENDED	IN YOUR
	()	1 1 0 1 0	
	219	Associal Military	
	Signature	e of Owner or Owner's Authorized Officer/Director	() - I = 1
	. Partner/N	Manager	
	Signaton	y's Title/ Office	
		-	
The foregoing instrument was acknowledged before	me this Co day of f	ebn = 11 1 2012	
\sim 1 \sim 11	name of person) as	eonary (year) do23	
trustee, attorney in fact) for	name or person) as	(type of authority, e.g	
1574 PP17 -77-960	, ,	parine of party on behalf of whom instrument was executed	d).
100 113 10 101	~ 0 /	1. 1	
ANGELIA BENNETT		na 1/2 .	1
Notary Public - State of Florida Commission # HH 321525		Geffer Jesuly	7
Or no My Comm. Expires Oct 23, 2026	Signature Print 201	gol Notary Public - State of Florida pe, or Stamp Commissioned Name of Notary Public	
Bonded through National Notary Assr.	Commiss	sion Number:	
	Personali	lly Known Produced Identification	
Verificat	ion Pursuant to Section	92.525, Florida Statutes	
Under penalties of perjury, I declare that I have re	ad the foregoing and th	hat the facts stated in it are true to the best of my knowled	foe and
belief.	0.1	C. Con my knowned	ige attu
	1	112.11 4	
	M	Longsitt III what A	`
	Signature	of Matural Deson Strong Above	7

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