

NOTICE OF COMMENCEMENT

Clerk's Office Stamp

Parcel Identification Number

19-55-17-09290-04

Inst: 201412003522 Date: 3/12/2014 Time: 3:46 PM  
P.DeWitt Cason Columbia County Page 1 of 1 B.1270 P.2768

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 451 SW Wildwood CT, Lake City, FL 32824

2 General description of improvements New Home

3 Owner Information

a) Name and address Frank and Amy Gasparini 444 SW Wildwood CT, Lake City, FL 32824

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

c) Interest in property Owner

4 Contractor Information

a) Name and address owner / builder Frank Gasparini

b) Telephone No

Fax No (Opt)

5 Surety Information

a) Name and address

b) Amount of Bond

c) Telephone No

Fax No (Opt)

Lender

a) Name and address

b) Phone No

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)

In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section

a) Florida Statutes

a) Name and address

b) Telephone No

Fax No (Opt)

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 12

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

Frank Gasparini

Printed Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 12 day of March, 2014, by

Frank Gasparini IV 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 X OR Produced Identification \_\_\_\_\_ Type \_\_\_\_\_

Notary Signature

Notary Stamp or Seal

