## NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

32-55 16-03745(44116)

Clerk's Office Stamp

Inst: 202312017853 Date: 09/22/2023 Time: 2:21PM

Page 1 of 1 B: 1499 P: 992, James M Swisher Jr, Clerk of Court Columbia, County, By: VC

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): 134 - 32 - 58 16-03745(44116)  a) Street (job) Address: 343 SW Federal Ct Fort white, FL 32038
2. General description of improvements: New residential Construction
a) Name and address: Suson C. Kraurzyk Male 809 Goldenleikehoop b) Name and address of fee simple titleholder (if other than owner) c) Interest in property Oloher 4. Contractor Information a) Name and address: Owner
b) Telephone No.: 904-813-3082
5. Surety Information (if applicable, a copy of the payment bond is attached):  a) Name and address:  b) Amount of Bond:
c) Telephone No.:
6. Lender a) Name and address:
<ul> <li>b) Phone No</li></ul>
713.13(1)(a)7., Florida Statutes: a) Name and address:
b) Telephone No.:
<ol> <li>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(I)(b), Florida Statutes:</li> </ol>
a) Name:OF
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):
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 of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Susan C. Krawczyk Male
Printed Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me, by means of Sphysical presence or online notarization, a Florida Notary, this 22 nd day of September, 20 23 by (Name of Person) (Type of Authority) for Susan Krauczyk Male who is personally known OR produced identification
(name of party on behalf of whom instrument was executed) Notary Public State of Fiorida Anna J Swearengin My Commission HH 415510 Expires 6/27/2027