

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

00 00 00 01279-000

Clerk's Office Stamp

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): LOT 87 UNIT 20 THREE RIVERS ESTATES
a) Street (job) Address: 2304 SW NEWARK DR, Fort White, FL 32038.

2. General description of improvements:

Removing Existing Shingles, replacing with new shingles

3. Owner Information or Lessee information if the Lessee contracted for the improvements.

a) Name and address: GASON, CINDY 2304 SW NEWARK DR
b) Name and address of fee simple titleholder (if other than owner).
c) Interest in property OWNER

4. Contractor Information

a) Name and address:

True Force Roofing
2420 NW CT
Gainesville FL 32653

b) Telephone

No.: 352.900.5149.

5. Surety Information (if applicable a copy of the payment bond is attached):

6. Lender

a) Name and address:

b) Amount of Bond:

c) Telephone No.:

a) Name and address:

b) Phone No.

7. Person within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section

713.13(1)(a)7, Florida Statutes:

a) Name and address:

b) Telephone

No.:

8. 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(1)(b), Florida Statutes:

a) Name:

OF


b) Telephone

No.:

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):

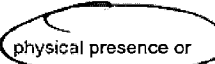
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713 PART I SECTION 713.13 FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED 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

Cindy Cason / owner
Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, by means of

 physical presence or

online notarization, a Florida Notary,

this

10th day of February 20 25

by:

Cindy Cason owner
(Name of Person)

for

2304 SW Newark Dr.

who is personally known

(Type of Authority)

(name of party on behalf of whom instrument was executed)

 OR produced identification

Type ID

OL

#C233-033-67-800-0

Notary Signature



(Notary Stamp or Seal)

