



Electronically Certified Official Record

DOCUMENT INFORMATION

Agency Name:	Columbia County Clerk of the Circuit Court and Comptroller
Clerk of the Circuit Court:	The Honorable James M. Swisher, Jr.
Date Issued:	5/15/2025 11:30:17 AM
Unique Reference Number:	BAA-DAAB-BCACD-CACFBCABAIED-FACCAH-F
Instrument Number:	202512010843
Requesting Party Code:	3001
Requesting Party Reference:	3E078FBE-60BE-1F22-0388-A654F2762641-SF

CERTIFICATION

Pursuant to Sections 90.955(1) and 90.902(1), Florida Statutes, and Federal Rules of Evidence 901(a), 901(b)(7), and 902(1), the attached document is electronically certified by The Honorable James M. Swisher, Jr., Columbia County Clerk of the Circuit Court and Comptroller, to be a true and correct copy of an official record or document authorized by law to be recorded or filed and actually recorded or filed in the office of the Columbia County Clerk of the Circuit Court and Comptroller. The document may have redactions as required by law.

HOW TO VERIFY THIS DOCUMENT

This document contains a Unique Reference Number for identification purposes and a tamper-evident seal to indicate if the document has been tampered with. To view the tamper-evident seal and verify the certifier's digital signature, open this document with Adobe Reader software. You can also verify this document by scanning the QR code or visiting <https://Verify.Clerkecertify.com/VerifyImage>.

**The web address shown above contains an embedded link to the verification page for this particular document.



AFTER RECORDING - RETURN TO:

PERMIT NUMBER: _____

NOTICE OF COMMENCEMENT

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. DESCRIPTION OF PROPERTY (Legal description of the property & street address, if available) TAX PLOT NO.: 01-45-16-02678-009
COMM NW COR OF SW1/4 OF SW1/4, NE 280.69 FT FOR POB, SE 285 FT, S 175.8 FT, W 260 FT, N 281 FT TO POB, 473-687,
866-2092, WD 1469-895 290 SW Leisure Dr. Lake City, FL 32025

2. GENERAL DESCRIPTION OF IMPROVEMENT:

Tear-Off Re-Roof

3. OWNER INFORMATION OR LESSEE INFORMATION IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:

a. Name and address:

Pennie Hudson, 290 SW Leisure Dr. Lake City, FL 32025

b. Interest in property: 100%

c. Name and address of fee simple titleholder (if different from Owner listed above): _____

4. a. CONTRACTOR'S NAME: Evergreen Roofing and Solar

Contractor's address: 822 AIA N Suite: 310 Ponte Vedra Beach, FL 32082

b. Phone number: 888-393-0547

5. SURETY (if applicable, a copy of the payment bond is attached):

a. Name and address: _____

b. Phone number: _____

c. Amount of bond: \$ _____

6. a. LENDER'S NAME: _____

Lender's address: _____

b. Phone number: _____

7. Persons 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. Phone numbers of designated persons: _____

8. a. In addition to himself or herself, Owner designates _____ of _____

to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.

b. Phone number of person or entity designated by Owner: _____

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): _____, 20____

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 WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

X Pennie Glean Hudson
(Signature of Owner or Lessee, or Owner's or Lessee's
Authorized Officer/Director/Partner/Manager)

(Print Name and Provide Signatory's Title/Office)

State of Florida

County of Columbia

The foregoing instrument was acknowledged before me this 30 day of April, 2025

by Pennie Hudson
(name of person)

(Type of authority;...e.g. officer, trustee, attorney in fact)

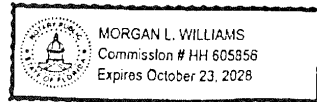
for _____
(name of party on behalf of whom instrument was executed)

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____

Driver's License

In person ☒ or online _____



Rev. 10-13-12

Morgan L. Williams
(Signature of Notary Public)

(Print, Type, or Stamp Commissioned Name of Notary Public)

