

### NOTICE OF COMMENCEMENT (PREPARE IN DUPLICATE)

Permit No. \_\_\_\_\_ Tax Folio No. 30-7S-17-10058-655  
State of Florida County of Columbia

To whom it may concern:

The undersigned hereby informs you that improvements will be made to certain real property, and in accordance with Section 713 of the Florida Statutes, the following information is stated in this NOTICE OF COMMENCEMENT.

Legal description of property being improved: Lot 52, 65+66 Saratoga River Plantation replat of Lot 38, 441-211, 759-1598, 780-1708 839-88, 96 WD 1197-34 4B 1408-584 WD 1410-4B QC 1431-219B

Address of property being improved: 1015 SW MAPELTON ST FORT WHITE, FL 32038

General description of improvements: Replacing windows/doors size for size

Owner WALLS SUSAN C  
Address 1015 SW MAPELTON ST FORT WHITE, FL 32038

Owner's interest in site of the improvement owner

Fee Simple Titleholder (if other than owner) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Contractor Renewal by Andersen of Florida /Jared Mellick

Address 997 W Kennedy Blvd. Orlando, FL 32810

Phone No. 407-803-4723 Fax No. \_\_\_\_\_

Surety (if any) \_\_\_\_\_

Address \_\_\_\_\_ Amount of bond \$ \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Name and address of any person making a loan for the construction of the improvements.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Name of person within the State of Florida, other than himself, designated by owner upon whom notices or other documents may be served:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.06 (2) (b), Florida Statutes. (Fill in at Owner's option).

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Expiration date of Notice of Commencement (the expiration date is one (1) year from the date of recording unless a different date is specified): \_\_\_\_\_

THIS SPACE FOR RECORDER'S USE ONLY

OWNER  
Signed S. C. Walls DATE 1-12-23  
Before me this 12 day of JANUARY 2023 in the  
County of Duval, State of Florida, has personally appeared  
SUSAN C WALLS hereby  
himself/herself and affirms that all statements and declarations made  
are true and accurate  
Notary Public State of Florida  
Peter F Annarummo  
My Commission HH 324857  
Expires 1/28/2027  
Notary Public in Large, State of \_\_\_\_\_ County of \_\_\_\_\_  
My commission expires:  
Personally Known \_\_\_\_\_ or  
Produced Identification \_\_\_\_\_