Inst. Number: 202212017694 Book: 1475 Page: 328 Page 1 of 1 Date: 9/12/2022 Time: 8:35 AM James M Swisher Jr Clerk of Courts, Columbia County, Florida Doc Mort: 0.00 Int Tax: 0.00 Doc Deed: 0.00

NOTICE OF COMMENCEMENT

Permit No	
State of Florida	
State of Florida	
The undersigned hereby gives notice that improvements will be made to cersection 713.13 of the Florida Statutes, the following information is provided Legal description of property (include street address, if available) 1027 Lot 18 Fairway View Unit 4 S/T/R 26/3S/16	I In this NOTICE OF COMMENCEMENT. NW Frontier DR Lake City, FL 32055.
General description of improvements Do	
Owner or Lessee if Lessee contracted improvement: Lisa Minson Address 1027 NW Frontier DR - Lake City, FC 320 Interest in property: 100%	
Address 1027 NW Crontier DR. CARCCIL, FC 320	35
Interest in property: 100%	
Fee Simple Title holder (If different from owner listed above): Name	
Address	
Fortundas Poto Cafaro	0.00
Address PO Box 781993 Orlando, Fl. 32878 P	hone Number: 407-393-9161
Surety (attach copy of payment bond if applicable) NA	Land Musicari
Address P	none Number:
Amount of Bond \$	
NA NA	
AddressP	hone Number:
Address Person within the State of Florida designated by the owner upon whom	notices or other documents may be served as
provided by Section 713.13(1)(a)(7), Plonad Statutes:	·
NameNA	hone Number(s):
to addition to himself owner designates of	
to receive a copy of the Benor's Notice as provided in Section 713.13(1)(t	s), Florida Statutes.
Phone Number of Designee:	
Expiration date of Notice of Commencement – one (1) year from the date	
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHASTATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVE COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN A RECORDING YOUR NOTICE OF COMMENCEMENT.	VEMENTS TO YOUR PROPERTY. A NOTICE OF BEFORE THE FIRST INSPECTION. IF YOU INTEND TTORNEY BEFORE COMMENCING WORK OR
The undersigned having been duly swom on oath states the above inform	ction is true and correct as (s)he is informed and
believes.	
Y liea Minera	10.
N LISA //V//ISO//	Owner/Vessee
Printed Name of Owner/Lessee	O WINELY GESTEE
STATE OF FLORIDA	
S₂ }-	RICHARD G. KAHLICH
,	MY COMMISSION #HH1 30700
Subscribed and swam to before me this 6 day of 5001 2022	EXPIRES: MAY 20, 2025 Sended through 1st State Insurance
A. I. I Who	
Notary Public Signature Printed Name	My Commission Expires
replacy Fublic Signature	·
Personally Known OR Produced Identification ID Produc	physical presence
ID NO	Revised August 2012
COFB Page 1 of 1	• •