Inst. Number: 201212012289 Book: 1240 Page: 23 Date: 8/17/2012 Time: 10:22:04 AM Page 1 of 1 P.DeWitt Cason Clerk of Courts, Columbia County, Florida

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

Clerk's Office Stamp

af:201212012289 Date:8/17/2012 Time:10:22 AM DC,P.DeWitt Cason,Columbia County Page 1 of 1 B:1240 P:23

5-16-02127-000 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) DE 14 OF NOWIA 1) Street (Job) Address: 2. General description of improvements: 3. Owner Information a) Name and address: 4989 NW Lake b) Name and address of fee simple titleholder (if other than owner) c) Interest in property 4, Contractor Information u) Name and address: b) Telephone No.: S. Surety Information u) Name and address: h) Amount of Bond: c) Telephone No.: Fax No. (Opt.) 6. Lender Name and address: b) Phone No. 7. Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served: n) Name and address: b) Telephone No.: Fax No. (Opt.) 8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(I)(b), Florida Statutes: a) Name and address: h) Telephone No.: 9. Expiration date of Notice of Commencement (the expiration date is one year from the date of recording unless a different date 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 s Authorized Office/Oirector/Partner/Manager Printed Name The foregoing instrument was acknowledged before me, a Florida Notary, this (type of authority, e.g. officer, trustee, attorney (name of party on behalf of wholq instrument was executed). duced Identification_ Notary Signature Notary Stamp or Seal:

11. Verification pursuant to Section 92-525, Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.



MATTHEW L PEARSON COMMISSION # EE150588 **EXPIRES JAN 22 2016** BONDED THROUGH RU INSURANCE COMPANY

ignature of Natural Person Signing (in line #10 above.)