## NOTICE OF COMMENCEMENT

Tax Parcel Identification Number

09-45-17-08302-158

Clerk's Office Stamp

TH 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 & Block A Deenwood Forest Unit 3 a) Street (job) Address 220 SE Deerwood Glen 2 General description of improvements roof a) Name and address Patricia Morris 220 5.E. Deerwood glas L.C.FL.
b) Name and address of fee simple titleholder (if other than owner)\_\_\_\_\_\_ 3 Owner Information c) Interest in property 4 Contractor Information actor Information
a) Name and address
b) Telephone No 755-5137
Fax No (Opt) 5 Surety Information a) Name and address Fax No(Opt ) b) Amount of Bond c) Telephone No 6 Lender a) 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 a) Name and address
b) Telephone No Fax No (Opt ) b) Telephone No 8 In addition to himself owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 7 3 13(I)(b) Florida Statutes a) Name and address b) Telephone No 9 Expiration date of Notice of Commencement (the expiration date is one 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 10 Valricia horris COUNTY OF COLUMBIA Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager TRICIA MORRIS The foregoing instrument was acknowledged before me , a Florida Notary, this  $\frac{14}{14}$  day of  $\frac{600}{14}$ , by PATRICIA MORRIS as OWNER (type of authority, e.g. officer, trustee, attorney fact) for PATRICIA MORRIS (name of party on behalf of whom instrument was executed). Personally Known OR Produced Identification Type

> KARVN L. GONGRESSI NOTARY PUBLIC STATE OF FLORIDA Comm# EE011782 Expires 11/16/20.44