Inst. Number: 201212018427 Book: 1246 Page: 691 Date: 12/14/2012 Time: 4:12:48 PM Page 1 of 1 P.DeWitt Cason Clerk of Courts, Columbia County, Florida

NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	Inst:201212018427 Date:12/14/2012 Time:4:12 PM
2 . 10	DO,P DeWitt Ceson Columbia County Page 1 of 1 B:1246 P:691
28-35-02372-126	
THE UNDERSIGNED hereby gives notice that improvement Florida Statutes, the following information is provided in ti	s will be made to certain real property, and in accordance with Section 713.13 of the his NOTICE OF COMMENCEMENT.
1. Description of property (legal description):	Single Forily Dewilling
a) street (Job) Address.	My Goelis CT, Lake Stay, FL 32055
2. General description of improvements:	TOLKE (Street
a) Name and address: b) Name and address of fee simple titleholder (if	Pendorson 156 NW Gallie (T, Lake Lity, \$13) (55)
	1/ 11 (00 000)
a) Name and address:	1/10 Lekon 198 SW Hydraul's phay Luke Cty FC 3202
b) Telephone No.: 386 965-7	29 85 Fax No. (Opt.)
a) Name and address:	
b) Amount of Bond:	
c) Telephone No.:	Fax No. (Opt.)
a) Name and address:	
b) Phone No.	
a) Name and address:	by owner upon whom notices or other documents may be served:
b) Telephone No.:	Fax No. (Opt.)
9 in addition to himself Award designator the following a	erson to receive a copy of the Lienor's Notice as provided in Section
713.13(i)(b), Florida Statutes:	erson to receive a copy of the Lienor's Notice as provided in Section
a) Name and address:	
b) Telephone No.:	Fax No. (Opt.)
Expiration date of Notice of Commencement (the expiral is specified):	ation date is one year from the date of recording unless a different date
IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTIMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMINSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONYOUR NOTICE OF COMMENCEMENT. STATE OF FLORIDA	WHER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED TION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST ISSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING
COUNTY OF COLUMBIA	Signature of Owner or Owner's Authorized Office/Director/Partner/Manager A David C. Sanders N Printed Name
The foregoing instrument was acknowledged before me , a Flo	orida Notary, this 2Ce day of November 2012, by:
0.101	OWNER (type of authority, e.g. officer, trustee, attorney
fact) for David Sanderson	
Personally KnownOR Produced Identification Typ	De
Notary Signature Tulesca Elegan	Notary Stamp or Seal: REBECCA EDENFIELD Commission # EE 142424 Expires October 30, 2015 Borded Thru Troy Falls Reparance 810-366-7619
11. Verification pursuant to Section 92.525, Florida Stat the facts stated in it are true to the best of my know	utes. Under penalties of perjury, I declare that I have read the foregoing and that
the racto states in it are true to the best of my know	Signature of Natural Person Signing (in line #10 above.)
	Succession of the sale of the