

NOTICE OF COMMENCEMENT

Clerk's Office Stamp

Tax Parcel Identification Number:


07-4S-17-08127-011 (29839)

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): COMM SE COR OF SE 1/4 OF NE 1/4, RUN W 187.16 FT TO W RW US-41 N 15.90
a) Street (job) Address: 439 SW MICHIGAN ST. LAKE CITY, FL 32055
2. General description of improvements: Roof-Over
3. Owner information or Lessee information if the Lessee contracted for the improvements:
a) Name and address: North Florida Mental Health Center, INC. AKA MERIDIAN Behavioral Healthcare 439 SW Michigan St, Lake City, FL 32025
b) Name and address of fee simple titleholder (if other than owner)
c) Interest in property Owner
4. Contractor information
a) Name and address: Lewis Walker PO BOX 2147 Lake City, FL 32056
b) Telephone No.: 888-959-7063
5. Surety information (if applicable, a copy of the payment bond is attached):
a) Name and address:
b) Amount of Bond:
c) Telephone No.:
6. Lender
a) Name and address:
b) Phone No.:
7. Person within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:
a) Name and address:
b) Telephone No.:
8. In addition to himself or herself, Owner designates the following person to receive a copy of the Lessor's Notice as provided in Section 713.13(1)(b), Florida Statutes:
a) Name: OF
b) Telephone No.:
9. Expiration date of Notice of Commencement (the expiration date will be 1 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
COUNTY OF COLUMBIA

10.  Donald P. Savoie
Signature of Owner or Lessee, or Owner's authorized Officer/Director/Partner/Manager
President/CEO
Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, a Florida Notary, this 20 day of September, 2022, by:
Don Savoie as CEO for Meridian Behavioral Healthcare, Inc.
(Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)

Personally Known ☒ OR Produced Identification ☐ Type _____

Notary Signature  Notary Stamp or Seal:

