## NOTICE OF COMMENCEMENT

Tax Parcel Identification Number

03-45-17-07592-108

Clerk's Office Stamp

inst 201312014335 Date 9/19/2013 Time 2 46 PM
\_\_\_\_\_DC P DeWitt Cason Columbia County Page 1 of 1 B 1261 P 1850

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 8 Block A Eastside Village Un a) Street (job) Address 245 SE Rosewood Circle, Lake City, 2 General description of improvements NEW 5'hingke Cissell, 245 SE Rosewood Circle, Lake City, FL. 3 Owner Information a) Name and address Jane b) Name and address of fee simple titleholder (if other than owner) U) Interest in property Owner 628 S.W. Bhanton IN LEF 37024 4 Contractor Information a) Name and address b) Telephone No 5 Surety Information a Name and address b) Amount of Bond c) Telephone No Fax No (Opt) 6 Lender a) Name and address b) Phone No 🔧 identity of person within the State of Florida des gnated 🔊 owner upon whom notices or other documents may be served a) Name and address b) Telephone No Fax No (Opt ) 8 In addition to himself owner designates 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 Fax No (Opt) 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 PARMENTS 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 Owner's Authorized Office/Director/Partner/Manager Printed Name The foregoing instrument was acknowledged before me , a Florida Notary, this <u>18+h</u> day of <u>5eptembee</u> 20 13 by (type of authority, e.g. officer, trustee, attorney (name of party on behalf of whom instrument was executed). Personally Known V OR Produced Identification JOAN A. WILSON MY COMMISSION # EE 224995 EXPIRES September 27, 2016 Notary Stamp or Seal Bonded Thru Budget Notary Services

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

Signature of Natural Person Signing (in line #10 above )