James M Swisher Jr Clerk of Courts, Columbia County, Florida NOTICE OF COMMENCEMENT This Instrument Prepared By: Name: SOUTHERN ESCAPES Address: 4802 SW 85 * AVE GAINESVILLE FL Tax Folio No: 26-35-16-02367-STATE OF: FLORIDA COUNTY OF: COLUMBIA THE UNDERSIGNED HEREBY gives notice that improvement(s) will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement. 1. DESCRIPTION OF PROPERTY: Street Address: 500 NW HARRYS LAKE DR LAKE CITY
Legal Description: LOT 14 FARMAN VIEW UNIT 2 2. GENERAL DESCRIPTION OF IMPROVEMENT(S): 1 WARDOWD CAMER FROM 3. OWNER INFORMATION: a.) Name: MARY SCAY Address: 500 NW HARRIS LAKE b.) Interest in Property: c.) Fee Simple Titleholder (if other than owner) Name: _ Address: 4. CONTRACTOR: a) Name: 500thern Escape sucaddress: 671 Address: b.) Amount of bond \$: __ c.) Phone: 6. LENDER: a.) Name: _ Address: __ b.) Phone: 7. Persons 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: Address: _ 8. In addition to himself, Owner designates the following person(s) to receive a copy of Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes. Address: 9. Expiration date of notice of commencement (the expiration date is one (1) year from the date of recording unless a different date is 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 WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. Owner's Authorized Offic Partner/Manager(Signatory's Title/ Office by Moras (name of person) as (type of authority, e.g. officer. trustee, attorney in fact) for (name of party on behalf of whom instrument was executed). ANGELA K. HANVILLE Signature of Notary Public - State of Florida Notary Public - State of Florida Print, Type, or Stamp Commissioned Name of Notary Public Commission Number: Commission # HH 048088 My Comm. Expires Oct 29, 2024 Bonded through National Notary Assn. Personally Known ___ or Produced Identification_ 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

Signature of Natural Person Signing Above

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