NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

10769-021

Clerk's Office Stamp

Inst: 202512003746 Date: 02/24/2025 Time: 10:57AM
Page 1 of 1 B: 1533 P: 2554, James M Swisher Jr, Clerk of Court
Columbia, County, By: VC

| 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): 144 ME Four Season dr lake City F1 32055 a) Street (job) Address: |
| 2. General description of improvements: New roof |
| 3. Owner Information or Lessee information if the Lessee contracted for the improvements: a) Name and address: 144 M/E Four section clo. Lake City F(31055) b) Name and address of fee simple titleholder (if other than owner) c) Interest in property |
| A Contractor Information |
| a) Name and address: Donald Johnson b) Telephone No.: 5. Surety Information (if applicable, a copy of the payment bond is attached): |
| |
| a) Name and address: |
| b) Amount of Bond: |
| 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 Lienor's Notice as provided in |
| Section 713.13(I)(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. 10. 10. 10. 10. 10. 10. 10. 10. 10. |
| Signature of Owner or Lessee, or Owner's or Lessee's Authorized Unice/Director/Partner/Wanager |
| Printed Name and Signatory's Title/Office |
| NHT TIL OX |
| The foregoing instrument was acknowledged before me, a Florida Notary, this day of day of day of day of |
| Lonald Johnsons ANNOC for |
| (Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed) |
| Personally Known Of Produced Identification Type T |
| |
| Notary Signature Notary Stamp or Seal: NEONTA ANDERSON MY COMMISSION # HH 46768 EXPIRES: November 28, 202 |