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NOTICE OF COMMENCEMENT

This Instrument Prepared By:

Name: Fun State Pools, Inc.

Address: 3601 NW 97 Blvd G'ville FL 32606

Permit No: _____

Tax Folio No: 30-65-17-09814-009

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: 14158 Tustenuggee Ave. Ft White

Legal Description: lot 27 Tustenuggee Acres Unit 1

2. GENERAL DESCRIPTION OF IMPROVEMENT(S): in ground concrete pool

3. OWNER INFORMATION: a.) Name: Paola E Gall

Address: 14158 SW Tustenuggee Ave. Fort White, FL 32038

b.) Interest in Property: Fee Simple

c.) Fee Simple Titleholder (if other than owner) Name: _____

Address: _____

4. CONTRACTOR: a.) Name: Fun State Pools, Inc.

Address: 3601 NW 97 Blvd G'ville 32606

b.) Phone: 352-332-7665

5. SURETY: a.) Name: N/A

Address: N/A

b.) Amount of bond \$: N/A

c.) Phone: N/A

6. LENDER: a.) Name: N/A

Address: N/A

b.) Phone: N/A

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: N/A

Address: N/A

b.) Phone: N/A

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.

a.) Name: N/A

Address: N/A

b.) Phone: N/A

9. Expiration date of notice of commencement (the expiration date is one (1) year from the date of recording unless a different date is specified.) N/A

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.

Paola E. Gall
Signature of Owner or Owner's Authorized Officer/Director
Partner/Manager

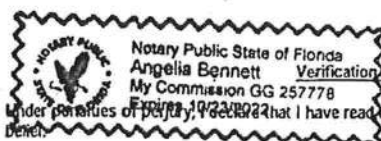
Signatory's Title/ Office _____

The foregoing instrument was acknowledged before me this 16th day of December (year) 2020
by Paola E. Gall (name of person) as owner (type of authority, e.g. officer,
trustee, attorney in fact) for _____ (name of party on behalf of whom instrument was executed).

Paola E. Gall

6400-665-72-909-0

Angela Bennett
Signature of Notary Public - State of Florida
Print, Type, or Stamp Commissioned Name of Notary Public
Commission Number: 257778
Personally Known _____ or Produced Identification ☒



I, the undersigned, do hereby certify 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 Above