

THIS INSTRUMENT PREPARED BY:

Name: Heather Conway

Address: 5220 Shad Rd, Suite 205 Jacksonville FL 32257

NOTICE OF COMMENCEMENT

Payment Number:

Parcel ID Number: 19-48-17-08599-000

The undersigned hereby gives notice that improvement 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: (Legal description of the property and street address, if applicable)
LOTS 1-8 BRIND PARK #1 NOKAL DC 1419-20712 1419-1508
116 SW 2121 AVE CT LAKE CITY 32025
2. GENERAL DESCRIPTION OF IMPROVEMENTS
REPLACE 14 WINDOW SIZE, FLOOR
3. OWNER INFORMATION OR LESSEE INFORMATION IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:
Name and Address: LOUISA SCHWARTZ 116 SW 2121 AVE CT LAKE CITY 32025
Interest in Property: OWNER
Fee Simple Title Holder (if other than owner listed above) Name: N/A
Address: _____
4. CONTRACTOR Name: MORGAN EXTERIORS WINDOWS, DOORS & MORE LLC
Address: 5220 Shad Rd, Suite 205 Jacksonville, FL 32257 Phone Number: (904) 888-8091
5. SURETY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED): Name: _____
Address: _____ Amount of Bond: _____
6. LENDER'S Name: N/A
Address: _____
7. Person within this state of Florida Designated by Owner upon whom notice or other documents may be served as provided by Section 713.13(1)(a)7, Florida Statutes:
Name: _____ Phone Number: _____
Address: N/A
8. In Addition, Owner Designates _____ of _____ to receive a copy of Owner's Notices Provided in Section 713.13(1)(b), Florida Statutes. Phone Number: _____
9. Expiration Date of Notice of Commencement (The expiration is 1 year from date of recording unless a different date is specified): _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION DATE OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENT UNDER CHAPTER 713, PART I, SECTION 713.43, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYMENT 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.

X. Dr. Louis A. Schwartz
(Signature of Owner or Lessee, or Owners or Lessee's)
State of Florida County of Columbia

Dr. Louis A. Schwartz
(Print Name and Provide Signatory's Title/Office)

The following instrument was acknowledged before me this

28th day of February, 2022

By: _____
Name of person making statement

who is personally known to me _____ or

Who has produced identification ✓ type of identification produced: military ID

Notary Signature

Lisa Cedola



Lisa Cedola
Comm.: HH 222037
Expires: Jan. 30, 2026
Notary Public - State of Florida