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NMLS ID: 452955  
CONSIDERATION 0  
NMLS ID: 745525

Loan Originator Organization: Goldwater Bank, N.A.  
Individual Loan Originator's Name: Paul James, NMLS ID: 745525

After recording please return to:  
Goldwater Bank, N.A.  
[Name]

[Attention]  
P.O Box 25064  
[Street Address]  
Albuquerque, NM 87125  
[City, State Zip Code]

This document prepared by:

[Name of Natural Person]  
2155 Louisiana Blvd. NE Suite 8000  
[Street Address]  
Albuquerque, NM 87110  
[City, State Zip Code]

Inst: 202312022639 Date: 12/05/2023 Time: 10:52AM  
Page 1 of 4 B: 1503 P: 2326, James M Swisher Jr, Clerk of Court  
Columbia, County, By: VC W  
Deputy Clerk

\_\_\_\_\_[Space Above This Line For Recording Data]\_\_\_\_\_  
Permit No. Tax Folio No. Loan No.: 909324683

## FLORIDA NOTICE OF COMMENCEMENT

THE STATE OF FLORIDA }

COUNTY OF Columbia }

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: **Lot 9 of Forest Country 6th Addition, according to the Plat thereof as recorded in Plat Book 9, Page(s) 66-67, of the Public Records of Columbia County, Florida.**

APN #: 21-4S-16-03087-109

2. Street address of property: **369 Southwest Pinehurst Drive, Lake City, FL 32024**
3. General description of improvement: **New construction and improvements to a single-family dwelling.**
4. Owner(s) name: **John Wayne Raulerson and Heather Marie Raulerson**  
Owner(s) address: **19653 57th Road, McAlpin, FL 32062**  
Owner(s) telephone: **(386) 292-5652**



Owner(s) interest in the property: ☐ fee simple ☐ leasehold ☐ other

Name and address of fee simple title holder (if other than Owner): \_\_\_\_\_

5. Contractor's name: **Aaron Simque Homes, Inc.**

Contractor's address: **333 SW Rosemary Drive, Lake City, FL 32024**

Contractor's telephone: **(386) 867-5395**

6. Surety's name: \_\_\_\_\_

Surety's address: \_\_\_\_\_

Amount of bond: \$ \_\_\_\_\_ (copy attached) Surety's telephone: \_\_\_\_\_  
Fax number: \_\_\_\_\_ ("optional, if service by fax is acceptable")

7. Lender's name: **Goldwater Bank, N.A.**

Lender's address: **2525 East Camelback Road, Suite 1100, Phoenix, AZ 85016**

Lender's telephone: **(480) 281-8200** Fax number: \_\_\_\_\_  
("optional, if service by fax is acceptable")

8. Names and addresses of persons within the State of Florida designated by Owner upon whom notice or other documents may be served as provided in Section 713.13(1)(a)(7), Florida Statutes: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_  
("optional, if service by fax is acceptable")

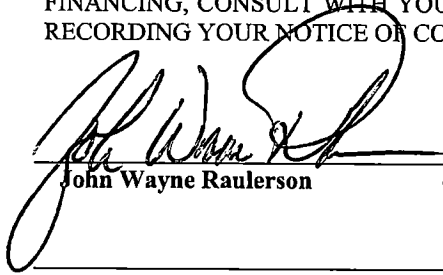

9. In addition to himself or herself, Owner designates **Goldwater Bank, N.A. of 2525 East Camelback Road, Suite 1100, Phoenix, AZ 85016** to receive a copy of the Lender's Notice as provided in Section 713.13(1)(b), Florida Statutes.

Telephone number: **(480) 281-8200** Fax number: \_\_\_\_\_  
("optional, if service by fax is acceptable")

10. Expiration date of Notice of Commencement (the expiration date is 1 year from the date of recording unless a different date is specified): \_\_\_\_\_



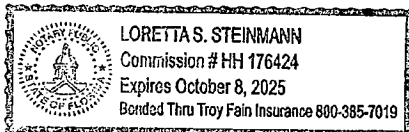
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.


 12-1-23  
John Wayne Raulerson (Owner)(Date)  
 12-1-23  
Heather Marie Raulerson (Owner)(Date)

#### ACKNOWLEDGMENT

State of FLORIDA §  
County of COLUMBIA §

The foregoing instrument was acknowledged before me this 1st Day of December, 2023 [date] by  
JOHN WAYNE RAULERSON AND HEATHER MARIE RAULERSON [name  
of person acknowledging], who is personally known to me or who has produced FL DRIVERS LICENSE.  
[type of identification] as identification.



  
Signature of Person Taking Acknowledgment

Loretta S. Steinmann  
Name Typed, Printed or Stamped

NOTARY PUBLIC  
Title or Rank

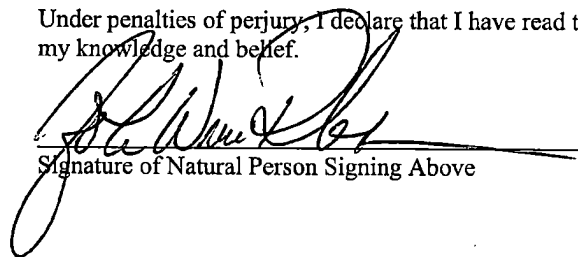
Serial Number, if any NH176424

Verification on Following Page]



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 Above

Signature of Natural Person Signing Above



Signature of Natural Person Signing Above

Signature of Natural Person Signing Above

