NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

Clerk's Office Stamp

Inst: 202112023017 Date: 11/12/2021 Time: 11:05AM Page 1 of 1 B: 1452 P: 736, James M Swisher Jr, Clerk of Court Columbia, County, By: VC

State of Florida Comm# HH192639 Expires 10/31/2025

Deputy Clerk

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): Section 31, Tranship 35014h, Range 110 East a) Street (job) Address: Hunter Rd. 2. General description of improvements: New Home Construction
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3. Owner Information or Lessee information if the Lessee contracted for the improvements: a) Name and address: \(\frac{f(\textit{I}) \infty
4. Contractor Information a) Name and address: Castagna Construction 1459 SW Granwigh Dr. Sto#109 b) Telephone No.: 386-755-108107
5. Surety Information (if applicable, a copy of the payment bond is attached): a) Name and address: b) Amount of Bond:
c) Telephone No.:
b) Phone 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:OFOFOFOF
a) Name:OF
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 Signature of Owner or Lessee, or Owner's or Vessee's Authorized Office/Director/Partner/Manager
HOILY CASHAGNA - DIDKOY Printed Name and Signator os Title/Office
The foregoing instrument was acknowledged before me, a Florida Notary, this 10th day of 10vencher, 2001, by: (Name of Person) (Type of Authority) (Type of Authority) (Type of Authority) (Type of Authority)
Personally Known OB Produced Identification Type Notary Signature Notary Stamp or Seal: Notary Public