

This Instrument Prepared By:  
Campus USA Credit Union  
14007 NW 1st Road  
Jonesville, Florida 32669  
(352) 335-9090

After Recording Return To:  
CAMPUS USA CREDIT UNION  
14007 NW 1ST ROAD  
JONESVILLE, FLORIDA 32669

[Space Above This Line For Recording Data]

Permit No.: \_\_\_\_\_

Tax Folio No.: R09954-006

## NOTICE OF COMMENCEMENT

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.

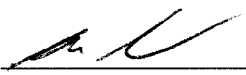
1. Description of Property: 1501 SW CR 778, FORT WHITE, FLORIDA 32038  
East 1/3 of the Southwest 1/4 of the Southeast 1/4, Section 8, Township 7  
South, Range 17 East, Columbia County, Florida.  
A.P.N.: R09954-006  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. General description of improvement: Single Family Residence
3. Owner information or Lessee information if the Lessee contracted for the improvement:
  - a. Name and address: Sarah DeLoach, Charles DeLoach  
24962 NW 160th Ave  
High Springs, Florida 32643

- b. Interest in property: \_\_\_\_\_
- c. Name and address of fee simple title holder (if other than Owner): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. a. Contractor (name and address): AMIRA BUILDERS, INC  
14901 MAIN STREET  
ALACHUA, FLORIDA 32615
- b. Contractor's phone number: \_\_\_\_\_
5. Surety (if applicable, a copy of the payment bond is attached):
- a. Name and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. Phone Number: \_\_\_\_\_
- c. Amount of bond: \_\_\_\_\_
6. a. Lender: CAMPUS USA CREDIT UNION  
14007 NW 1ST ROAD  
JONESVILLE, FLORIDA 32669
- b. Lenders phone number: (352) 335-9090
7. Persons within the State of Florida designated by Owner upon whom notices or other document may be served as provided by Section 713.13 (1) (a) 7, Florida Statutes:
- a. Name and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. Phone numbers of designated persons: \_\_\_\_\_
8. a. In addition to himself, Owner designates \_\_\_\_\_  
of \_\_\_\_\_  
to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.
- b. Phone number of person or entity designated by owner: \_\_\_\_\_

9. 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.**

 6/14/21  
Signature of Owner/Lessee Sarah Date  
DeLoach

 6/14/21  
Signature of Owner/Lessee Charles Date  
DeLoach

State of FLORIDA )  
 )  
County of ALACHUA )

Sworn to (or affirmed) and subscribed before me by means of:

☒ Physical Presence,

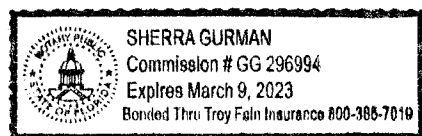
- OR -

☐ Online Notarization,

this 14th day of JUNE, 2021, by  
*Date Month Year*

Sarah DeLoach AND Charles DeLoach

*Name of Person Making Statement*



A handwritten signature in black ink, appearing to read 'Sherra Gurman'.

*Signature of Notary Public - State of Florida*

Sherra Gurman

*Name of Notary Typed, Printed or Stamped*

*(Place Notary Seal Stamp Above)*

☐ Personally Known  
☒ Produced Identification

Type of Identification Produced: FLDL