

NOTICE OF COMMENCEMENT

Clerk's Office Stamp

Tax Parcel Identification Number:

29-3S-16-02382-006 (9333)

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): PLEASE SEE ATTACHED
a) Street (job) Address: 6034 WEST US HIGHWAY 90 LAKE CITY, FL 32606
2. General description of improvements: RE-ROOF
3. Owner information or Lessee information if the Lessee contracted for the improvements:
a) Name and address: NORTH CENTRAL FLORIDA HOSPICE INC. 4200 NW 90TH BLVD
b) Name and address of fee simple titleholder (if other than owner): N/A GAINESVILLE, FL 32606
c) Interest in property: _____
4. Contractor information
a) Name and address: PERRY ROOFING CONTRACTORS 2505 NW 71ST PL GAINESVILLE FL 32653
b) Telephone No.: 352-371-8971
5. Surety information (if applicable, a copy of the payment bond is attached):
a) Name and address: N/A
b) Amount of Bond: _____
c) Telephone No.: _____
6. Lender
a) Name and address: N/A
b) Phone No.: _____
7. Person 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 and address: N/A
b) Telephone 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(1)(b), Florida Statutes:
a) Name: N/A OF _____
b) Telephone No.: _____
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

104 Steven Zeigler
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager

Steven Ziegler
Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, a Florida Notary, this 3 day of July, 2024, by:
Steven Ziegler as CEO, Chief Legal Officer for Haven Hospice
(Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)

Personally Known X OR Produced Identification _____ Type _____

Notary Signature Debra J Humphrey

DIGITALLY
SIGNED

07/03/2024 12:28 PM EDT

Notary Stamp or Seal:



Online Notary Public. This notarial act involved the use of online audio/video communication technology. Notarization facilitated by SIGNiX®



TotalAudit™ Certificate of Completion

Transaction Information

Status: Complete

Transaction Name: Document Set: Zeigler - 03 Jul 2024
Company: SIGNiX eNotary Florida
Document Set ID: 19078f3e0f0~4a8c:23494b0a:2vsha6
Transaction ID: MyDoX.....2024-07-03 12:17:09:165
Demo: No
Document(s): Applicatntiom Agent Signatures Needed.1
Signer(s): Steven Zeigler - steve.ziegler@santafehealthcare.org, Debra Humphrey - Debrajhumphrey@gmail.com
Transaction Start: 07-03-2024, 04:17:09 PM GMT
Transaction Complete: 07-03-2024, 04:28:10 PM GMT

Notarial Event Information

Number of Seals: 3
Online Audio-Visual (Zoom) Meetings Scheduled: meeting #: 82534282683, meeting uid: hMj05y0ETiG66Y5O7N53yA==, meeting time: 07/03/2024 12:17 PM America/New_York

Submitter

Debra Humphrey - Debrajhumphrey@gmail.com

IP Address(es) (if available): 72.203.234.103
RefID: DHumphrey9362

Signer 1

Steven Zeigler - steve.ziegler@santafehealthcare.org

IP Address(es): 99.45.76.171
Link Sent: 07-03-2024, 04:17:10 PM GMT
First Access Date: 07-03-2024
Authentication Used: SelectOneClick, Email Only (Sign-All Disabled)
Last Access Date: 07-03-2024
Consent Accept: 07-03-2024, 04:24:53 PM GMT
Thank You Email Sent:
SignerID: SZeigler0359
Document Tasks:

UserAddedDoc-Applicatntiom Agent Signatures Needed.1(Applicatntiom Agent Signatures Needed.1.pdf)

Task	IP Address	Date/Time
Signature	99.45.76.171	07-03-2024, 04:25:53 PM GMT
Signature	99.45.76.171	07-03-2024, 04:25:53 PM GMT
Signature	99.45.76.171	07-03-2024, 04:25:53 PM GMT
Signature	99.45.76.171	07-03-2024, 04:25:53 PM GMT

Signer 2

Debra Humphrey - Debrajhumphrey@gmail.com

IP Address(es): 72.203.234.103
Link Sent: 07-03-2024, 04:25:57 PM GMT
First Access Date: 07-03-2024
Authentication Used: SelectOneClick, Email Only (Sign-All Disabled)
Last Access Date: 07-03-2024
Consent Accept: 07-03-2024, 04:26:25 PM GMT
Thank You Email Sent:
SignerID: DHumphrey9362
Notary Commission #: HH 032059
Notary Commission State: Florida
Notary Commission Expiry Date: 10/31/2024
Document Tasks:

UserAddedDoc-Applicatntiom Agent Signatures Needed.1(Applicatntiom Agent Signatures Needed.1.pdf)

Task	IP Address	Date/Time
Signature	72.203.234.103	07-03-2024, 04:28:06 PM GMT
Signature	72.203.234.103	07-03-2024, 04:28:06 PM GMT

Signature	72.203.234.103	07-03-2024, 04:28:06 PM GMT		
NotarySealAdded	72.203.234.103	07-03-2024, 04:28:08 PM GMT		
NotarySealAdded	72.203.234.103	07-03-2024, 04:28:08 PM GMT		
NotarySealAdded	72.203.234.103	07-03-2024, 04:28:09 PM GMT		
NotaryInfoAdded	72.203.234.103	07-03-2024, 04:27:06 PM GMT		
NotaryName Debra Humphrey	FeeAssessed 5.00	Venue RONotary	NotaryActType Acknowledgement	InPersonOrRemote remote
Parties: Name Steven Zeigler	PartyId P01	Idmethod Personal Knowledge	AdditionalInfo Haven Hospice	Address 4200 NW 90th Blvd, Gainesville
NotaryInfoAdded	72.203.234.103	07-03-2024, 04:27:14 PM GMT		
NotaryName Debra Humphrey	FeeAssessed 5.00	Venue RONotary	NotaryActType Acknowledgement	InPersonOrRemote remote
Parties: Name Steven Zeigler	PartyId P01	Idmethod Personal Knowledge	AdditionalInfo Haven Hospice	Address 4200 NW 90th Blvd, Gainesville
NotaryInfoAdded	72.203.234.103	07-03-2024, 04:27:44 PM GMT		
NotaryName Debra Humphrey	FeeAssessed 5.00	Venue RONotary	NotaryActType Acknowledgement	InPersonOrRemote remote
Parties: Name Steven Zeigler	PartyId P01	Idmethod Personal Knowledge	AdditionalInfo Haven Hospice	Address 4200 NW 90th Blvd, Gainesville
NotaryInfoAdded	72.203.234.103	07-03-2024, 04:27:55 PM GMT		
NotaryName Debra Humphrey	FeeAssessed 5.00	Venue RONotary	NotaryActType Acknowledgement	InPersonOrRemote remote
Parties: Name Steven Zeigler	PartyId P01	Idmethod Personal Knowledge	AdditionalInfo Haven Hospice	Address 4200 NW 90th Blvd, Gainesville
NotaryInfoAdded	72.203.234.103	07-03-2024, 04:28:04 PM GMT		
NotaryName Debra Humphrey	FeeAssessed 5.00	Venue RONotary	NotaryActType Acknowledgement	InPersonOrRemote remote
Parties: Name Steven Zeigler	PartyId P01	Idmethod Personal Knowledge	AdditionalInfo Haven Hospice	Address 4200 NW 90th Blvd, Gainesville