

NOTICE OF COMMENCEMENT

47

Tax Parcel Identification Number:

R13554-000

Clerk's Office Stamp

Inst:201212011985 Date 8/10/2012 Time:9:13 AM
DC,P.DeWitt Cason,Columbia County Page 1 of 1 B:1239 P:2045

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.

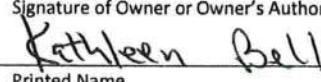
1. Description of property (legal description): 5 Div : Lot 11 Block 1 Woodland Grovell (lt 1), orb 424-204-861-1380, 926-2-182
a) Street (job) Address: 1139 SE Magnolia Loop
2. General description of improvements: Metal Roof
3. Owner Information
a) Name and address: Kathleen Bell 1139 SE Magnolia Loop Lake City FL 32055
b) Name and address of fee simple titleholder (if other than owner)
c) Interest in property
4. Contractor Information
a) Name and address: Robbie's Roofing 628 S.W. Blanton Ln. Lake City FL 32055
b) Telephone No.: 755-5137 Fax No. (Opt.)
5. Surety Information
a) Name and address:
b) Amount of Bond:
c) Telephone No.: N/A Fax No. (Opt.)
6. Lender
a) Name and address:
b) Phone No.
7. Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served:
a) Name and address:
b) Telephone No.: N/A Fax No. (Opt.)
8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(l)(b), Florida Statutes:
a) Name and address:
b) Telephone No.: N/A Fax No. (Opt.)

9. Expiration date of Notice of Commencement (the expiration date is one 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

10. 
Signature of Owner or Owner's Authorized Office/Director/Partner/Manager


Printed Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 7th day of August, 2012, by:

Kathleen Bell as Owner (type of authority, e.g. officer, trustee, attorney

fact) for _____ (name of party on behalf of whom instrument was executed).

Personally Known _____ OR Produced Identification Type FL Driver License

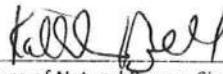
Notary Signature Angela Cox

Notary Stamp or Seal:

---AND---



11. 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 (in line #10 above.)

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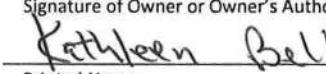
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1. Description of property (legal description): 5 Div : Lot 11 Block 1 Woodland Groveland, ORB 424-204-861-1380, 926-2482
a) Street (Job) Address: 1129 SE Magnolia Loop
2. General description of improvements: Metal Roof
3. Owner Information
a) Name and address: Kathleen Bell 1129 SE Magnolia Loop Lake City, FL 32055
b) Name and address of fee simple titleholder (if other than owner) _____
c) Interest in property _____
4. Contractor Information
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b) Telephone No.: 755-5137 Fax No. (Opt.) _____
5. Surety Information
a) Name and address: _____
b) Amount of Bond: _____
c) Telephone No.: _____ Fax No. (Opt.) _____
6. Lender
a) Name and address: _____
b) Phone No. _____
7. Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served:
a) Name and address: _____
b) Telephone No.: _____ Fax No. (Opt.) _____
8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(l)(b). Florida Statutes:
a) Name and address: _____
b) Telephone No.: _____ Fax No. (Opt.) _____
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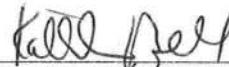
Personally Known _____ OR Produced Identification Type FL Driver License

Notary Signature Angela Cox Notary Stamp or Seal:

---AND---



11. 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 (in line #10 above.)