

PREPARED BY & RETURN TO:

Rob Stewart
Lake City Title
426 SW Commerce Drive, Ste 145
Lake City, FL 32025

File No. 2020-3726VB

Permit Number: _____

Tax Folio No: 01-5S-16-03397-028

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:

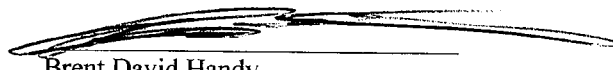
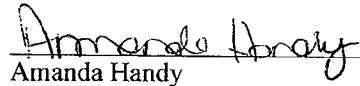
1. **DESCRIPTION OF PROPERTY:** TBD SW Bradshaw Glen, Lake City, FL 32025
Tax Folio No.: 01-5S-16-03397-028

For Legal Description: Section 1, Township 5 South, Range 16 East. Begin at the Southeast corner of the N 1/2 of SW 1/4 of NW 1/4, Section 1, Township 5 South, Range 16 East, Columbia County, Florida and run thence S 00°24'52" E, along the East line of said SW 1/4 of NW 1/4, 100.02 feet to the North line of the Cove at Rose Creek, a subdivision according to the plat thereof as recorded in Plat Book 8, Pages 107, of the public records of Columbia County, Florida, thence S 89°22'22" W, along said north line, 620.13 feet; thence N 00°00'02" W, 330.41 feet; thence N 89°24'41" E, 617.74 feet to the east line of said SW 1/4 of NW 1/4, thence S 00°24'52" E along said East line, 229.96 feet to the Point of Beginning.

2. **GENERAL DESCRIPTION OF IMPROVEMENT:** Site Built House
3. **OWNER INFORMATION OR LESSEE INFORMATION (IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT):**
- (a) Name and address: Brent David Handy and Amanda Handy
296 SW Bradshaw Circle
Lake City, FL 32025
 - (b) Interest in property: Owner
 - (c) Name and address of fee simple titleholder (if different from Owner listed above): _____
4. (a) **CONTRACTOR'S NAME:** IC Construction, LLC
Contractor's address: 818 W Duval Street, Lake City, FL 32025
(b) Phone number: 386-867-0086
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'S NAME:** Community State Bank
Lender's address: P.O. Box 460, Starke, FL 32091
(b) Lender's phone number: (904) 964-2878

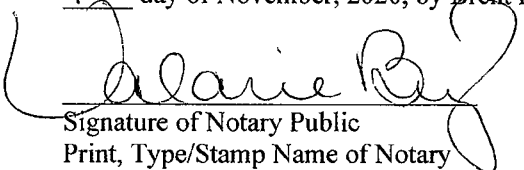
7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:
(a) Name and address: _____
(b) Phone numbers of designated persons: _____
8. (a) In addition to himself or herself, Owner designates _____ 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 will be 1 year from the date of recording unless a different date is specified): November 4, 2021

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.


Brent David Handy

Amanda Handy

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization this 04th day of November, 2020, by Brent David Handy and Amanda Handy.


Signature of Notary Public
Print, Type/Stamp Name of Notary

Personally Known: _____ OR Produced Identification: ☒
Type of Identification
Produced: Drivers License

