

After Recording return to:

Unique Pools & Spas

PO Box 1867

Lake City, FL 32056

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

Inst: 2006025132 Date: 10/24/2006 Time: 10:49

DC, P. Dewitt Cason, Columbia County B: 1099 P: 2364

NOTICE OF COMMENCEMENT  
FS 713.13

State of Florida

County of \_\_\_\_\_

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. Legal description of property and street address if available: Section 35, Township 4 South Range 17 East, Columbia County, Florida

General description of improvement: Installing in-ground, concrete swimming pool.

2. Owner Information: Name and address:

Kenny & Angie May  
1499 SE Alfred Markham St. Lake City, FL 32055

b. Interest in property: 100%

c. Name and address of fee simple titleholder (if other than Owner) \_\_\_\_\_

3. Contractor: Name and address: Unique Pools & Spas - PO Box 1867

Lake City, FL 32056

Phone number (386) 752-1014 Fax number (optional, if service by fax is acceptable) (386) 752-5613

4. Surety: Name and address N/A

Phone number N/A Fax number (optional, if service by fax is acceptable) \_\_\_\_\_

Amount of Bond \$ N/A

Lender: Name and address N/A

Phone number N/A Fax number (optional, if service by fax is acceptable) N/A

5. 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: (name and address): \_\_\_\_\_

Phone numbers of designated persons \_\_\_\_\_

Fax number (optional, if service by fax is acceptable) \_\_\_\_\_

6. 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.

Phone number of person or entity designated by owner \_\_\_\_\_ Fax number (optional, if service by fax is acceptable) \_\_\_\_\_

7. Expiration date of Notice of Commencement (the expiration date is one (1) year from the date of recording unless a different date is specified) \_\_\_\_\_

Angie May Kenny May  
Signature of Owner

STATE OF FLORIDA

COUNTY OF Columbia

Sworn to (or affirmed) and subscribed before me this 24th day of October, 2006, by Kenny & Angie May, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did \_\_\_\_\_ or did not ☒ take an oath.

Miranda M. Koon  
Notary Public (Signature)

