Inst., Number: 201412002529 Book: 1270 Page: 221 Date: 2/24/2014 Time: 2:22:06 PM Page 1 of 1 P.DeWitt Cason Clerk of Courts, Columbia County, Florida

NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number.  28-35-16-02374-007	DC,P DeWitt Cason Columbia County Page 1 of 1 B 1270 P 221
Florida Statutes, the following information is provided in t	
1 Description of property (legal description) Lo	TFair field Hill S/P Horizon ST Lake Cry IFC 32051 Roof
b) Name and address of fee simple titleholder ( c) Interest in property Fee (imple 4 Contractor Information	serry t Roger Newberry if other than owner) 240 Mm Herrison 17 Cake 62 JFC 8207
a) Name and address b) Telephone No 366 755-52	takelmen 8753 SV CR 240 Lake City, FC 32024 Fax No (Opt.)
b) Amount of Bond c) Telephone No	rax No (Vpt )
a) Name and address b) Phone No.	
7 Identity of person within the State of Florida designate a) Name and address b) Telephone No	d by owner upon whom notices or other documents may be served  Fax No (Opt )
8 In addition to himself, owner designates the following (713 13(I)(b), Florida Statutes	person to receive a copy of the Lienor's Notice as provided in Section  Fax No {Opt }
	ration date is one year from the date of recording unless a different date
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	
	Signature of Owner or Owner's Authorized Office/Director/Partner/Manager
The foregoing instrument was acknowledged before me , a F	lorida Notary, this
fact) for	(name of party on behalf of whom instrument was executed).
Personally Known OR Produced Identification T	STEPHANIE E. LUNDE MY COMMISSION #DD998161 EXPIRES: JUN 07, 2014 Bonded through 1st State Insurance
11 Verification pursuant to Section 92 525, Florida State the facts stated in it are true to the best of my kno	AND atutes Under penalties of perjury, I declare that I have read the foregoing and that wledge and belief

Signature of Natural Person Signing (in line #10 above )