Inst. Number: 202412019288 Book: 1522 Page: 2627 Page 1 of 1 Date: 9/6/2024 Time: 9:41 AM James M Swisher Jr Clerk of Courts, Columbia County, Florida Doc Mort: 0.00 Int Tax: 0.00 Doc Deed: 0.00

NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	
24-45-16-03114-147	
THE UNDERSIGNED hereby gives notice that improvement of the Florida Statutes, the following information is provential.	ents will be made to certain real property, and in accordance with Section 713.13 vided in this NOTICE OF COMMENCEMENT.
1. Description of property (legal description): 24-45 a) Street (job) Address: 174 SW Ge 2. General description of improvements: 5hing	5-16-03111-147 Cannon Creek Place Lot 47 cald Conner Dr. Lake City FL 32024
3. Owner Information or Lessee information if the Lesse a) Name and address: Christine (b) Name and address of fee simple titleholder c) Interest in property Owner	e contracted for the improvements: 1 Conner Br. Lake City (if other than owner) 32024
5. Surety Information (if applicable, a gopy of the payme	ent bond is attached):
b) Phone No.	er upon whom notices or other documents may be served as provided by Section
713.13(1)(a)7., Florida Statutes:	
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 713,130(b), Florida Statutes:	
a) Name: /V/A b) Telephone No.:	OF
Expiration date of Notice of Commencement (the expire is specified):	piration date will be 1 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 10. Signature of Own	ner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	Christine Demoss nted Name and Signatory's Title/Office
	a Florida Notary, this 5th day of September 2024 by:
(Name of Person) (Type of Auth	nority) (name of party on behalf of whom instrument was executed)
Personally KnownOR-Produced Identification	
Notary Signature / C	Notary Stamp or Seal: Notary Stamp or Seal: Notary Stamp or Seal: DANIEL J. CARLUCCI MY COMMISSION #HH572186 EXPIRES: JUL 28, 2028 Bonded through 1st State Insurance