NOTICE OF COMMENCEMENT

Permit No. _____
Tax Folio No. _____

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 (legal description of property):_____
   a) Street (job) Address:_____
2. General description of improvement(s):_____
   _____
3. Owner or Lessee information (Lessee as owner only if contracted for improvements)
   a. Name and address:_____
   b. Interest in property:_____
   c. Name and address of fee simple titleholder (if other than owner):_____
4. Contractor Information
   a. Name and address:_____
   b. Phone number:_____ Fax No. (Opt.)_____
5. Surety Information
   a. Name and address:_____
   b. Amount of bond $ _____
   c. Phone number:_____ Fax No. (Opt.)_____
6. Lender
   a. Name and address:_____
   b. Phone number: _____
7. Persons within the State of Florida designated by Owner upon who notices or other documents may be served as provided by Section 713.13(l)(a)7., Florida Statutes:
   a. Name and address: _____
   b. Phone number: _____
8. In addition to himself, Owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(l)(b), Florida Statutes:
   a. Name and address: _____
   b. Phone number: _____

Expiration date of notice of commencement (the expiration date is 1 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 1, SECTION 713.13, FLORIDA STATUES, 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.

Verification pursuant to Section 92.525, Florida Statutes. Under penalties of perjury, I declare that I have - read the foregoing and that the facts in it are true to the best of my knowledge and belief.

_____
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager
Signatory's Title/Officer: _____

State of Florida
County of Calhoun

The foregoing instrument was acknowledged before me this ____ day of _____, 20___ by _____, who is personally known to me or has produced _____, and who did/did not take an oath.
(Driver's License #)

_____
Signature of Notary
Public - State of Florida

_____
Print, Type, or Stamp
Commissioned Name of Notary Public