NOTICE OF COMMENCEMENT

STATE OF _____
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. Description of property: (legal description of property, and street address if available)

   _____

2. General description of improvement: _____
3. Owner information:
   a. Name and address: _____
   b. Phone number: _____
   c. Name and address of fee simple titleholder (if other than owner): _____

      _____
4. Contractor:
   a. Name and address: _____
   b. Phone number: _____
5. Surety:
   a. Name and address: _____
   b. Amount of bond $_____ c. Phone number: _____
6. Lender:
   a. Name and address: _____
   b. Phone number: _____
7. Persons with 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 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(1)(b), Florida Statutes:
   a. Name and address: _____
   b. Phone number: _____
9. Expiration date of notice of commencement (the expiration date is one (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 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.

_____
Signature of Owner or Owner's Authorized Officer/Director/Partner/Manager

Signatory's Title/Office _____

The foregoing instrument was acknowledged before me this _____ day of _____, _____ by _____ (name of person) as _____ (type of authority, ...e.g. officer, trustee, attorney in fact) for _____ (name of party on behalf of whom instrument was executed).

_____
Signature of Notary Public – State of Florida
Print, type, or stamp commissioned name of Notary Public

Personally Known _____ OR Produced Identification _____
Type of identification produced _____

Verification pursuant to Section 92.525, Florida Statutes

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

_____
Signature of natural person signing above