

This instrument prepared by:
Name: _____
Address: _____

**TO BE COMPLETED IF CONSTRUCTION
VALUE EXCEEDS \$2,500.00**

TAX FOLIO/STRAP # _____

OFFICIAL NOTICE OF COMMENCEMENT

State of FLORIDA; County of HIGHLANDS

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 the Notice of Commencement.

1. Description of property: _____
2. General description of improvement: _____
3. Owner Information: _____
 - A. Name and address _____
 - B. Interest in property _____
 - C. Name and address of fee simple titleholder (if other than owner): _____
4. Contractor Name and address: _____
5. Surety (if required): _____
 - A. Name and address _____
 - B. Amount of bond \$ _____
6. Lender Name and address _____
7. Persons within the State of Florida designated by Owner upon notices or other documents may be served as provided by section 713.13 (1) (a) Florida Statutes.
Name and address _____
8. In addition to himself, Owner designates _____ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1)(b) Florida Statutes.
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) _____, 20_____

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 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 _____, 20__ by _____
(name of person) as _____ (type of authority, ...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 Commission No.

Personally Known _____ or Produced Identification _____

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