

NOTICE OF COMMENCEMENT

Prepared by:
Name: _____
Address: _____

State of Florida
County of Orange
Tax Parcel Number _____

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: _____
2. General description of improvement: _____
3. Owner information or Lessee information if the Lessee contracted for the improvement:
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 _____
a. Phone number _____ Fax number _____
5. Surety: Name and address _____
a. Phone number _____ Fax number _____
b. Amount of bond \$ _____
6. Lender: Name and address _____
a. Phone number _____ Fax number _____
7. Persons within 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 _____ Fax number _____
8. In addition to himself, Owner designates of to receive a copy of the Lienor's Notice as provided in Section 713.13(1) (b), Florida Statutes
a. Phone number _____ Fax number _____
9. 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 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 Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

Printed Name of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

Signatory's Title/Office

State of Florida County of _____

The foregoing instrument was acknowledged before me this _____ day of _____ 20____, by _____
(name of person)

_____ as _____ for _____
(type of authority., e.g. officer, trustee, attorney in fact) (name of party on behalf of whom

instrument was executed)
.

Signature of Notary Public State of Florida

Print, Type or Stamp Name

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 (Owner) Signing Above