This instrument p	repared	i by:		
Permit No		Tax Folio No		
		NOTICE OF COMMENCEMENT		
STATE OF _ COUNTY OF				
real property	y, and	RSIGNED hereby gives notice that improvement will be made to certain d in accordance with Chapter 713, Florida Statutes, the following wided in this Notice of Commencement.		
1.	Desc	cription of property (legal description and street address, if available):		
2.	Gen	eral description of improvement:		
3.	Owner information:			
	a)	Name and address:		
	b)	Interest in property:		
4.	Con	Contractor (name and address):		
	Contractor's Phone Number:			
5.	Surety:			
	a)	Name and address:		
	b)	Surety's Phone Number:		

	c) Amount of bond: \$				
6.	Lender (name and address):				
	Lender's Phone 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 (name and address)				
	Phone Number (of designated person):				
8.	In addition to himself, Owner designates of (address) to receive a copy of the Lienor's Notice as provided in section 713.13(1)(b), Florida Statutes.				
	Phone number (of person or entity designated by Owner):				
9.	Expiration date of notice of commencement (the expiration date is one year from the date of recording unless a different date is specified):				
EXPIRATION PAYMENTS AND CAN PROPERT ON THE JO FINANCINO	TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE ON OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER SUNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR Y. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED OB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN G., CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE CING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.				
	(Owner)				
	By:				
	Print Name:				
	Print Title:				
	Address:				

STATE OF	
COUNTY OF	
(name of person), as	dged before me this day of, 200, by
trustee, attorney in fact) for	(name of party on behalf of whom
instrument was executed).	
	(Signature)
	(Printed Name) NOTARY PUBLIC, STATE OF FLORIDA
	(Commission Expiration Date)
Personally Known OR Produced Id Type of Identification Produced	
Verification pursuant to	Section 92.525, Florida Statutes
Under penalties of perjury, I declare that in it are true to the best of my knowledge	: I have read the foregoing and that the facts stated ge and belief.
	(Signature of person signing above)