PREPARED BY & RETURN TO:

_____
First & Last Name of Preparer

_____
Street Address or P.O. Box

_____
City, State, Zip Code and/or Country

_____
PARCEL ID

NOTICE OF COMMENCEMENT

The undersigned hereby gives notice that improvement(s) 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 the Property; Street Address is Available)**
   _____
   _____
2. **General Description of Improvement**
   _____
3. **Owner Information/Lessee Information (if Lessee Contracted for Improvement)**
   a) First & Last Name _____
   b) Property Address _____
   c) Interest in Property _____
4. **Contractor Information**
   a) Name _____
   b) Address _____
   c) Telephone _____
5. **Surety (if Applicable)**
   a) Name _____
   b) Address _____
   c) Telephone _____
6. **Lender**
   a) Name _____
   b) Address _____
   c) Telephone _____
7. **Person(s) within the State of Florida designated by Owner/Lessee upon whom notices or other documents may be served pursuant to section 713.13(1)(a)(7), Florida Statutes**
   a) Name _____
   b) Address _____
   c) Telephone _____
8. **In addition to the Owner, Owner designates the following to receive a copy of the Lienor's Notice as provided in section 713.13(1)(b), Florida Statutes**
   a) Name _____
   b) Address _____
   c) Telephone _____
9. **Expiration of Notice of Commencement (One Year from Recording Date if Left Blank)**
   _____

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 IMPROCEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE SITE OF THE IMPROVEMENT 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/Lessee/Authorized Officer Signer's Title

_____
Printed Name of Owner/Lessee/Authorized Officer

STATE OF FLORIDA
COUNTY OF OSCEOLA

SWORN TO (OR AFFIRMED) and subscribed before me by means of ☐ physical presence or ☐ online notarization this _____ day of _____, 20_____, by _____, who is ☐ personally known or ☐ produced _____, as identification.

_____
Signature of Notary Public

_____
Printed Name of Notary Public

_____
Expiration of Commission

REV. 10/2023
CH. 2023-226, LAWS OF FLA.