



city of
PALM COAST

Community Development Department
Building Services Division

160 Lake Avenue
Palm Coast, FL 32164
386-986-3780

NOTICE OF COMMENCEMENT

PERMIT NUM 2025020578

TAX FOLIO NUM 20-12-31-1922-00000-0070

STATE OF FLORIDA
COUNTY OF FLAGLER

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.

DESCRIPTION OF PROPERTY	5 Enclave Ave Unit U Palm Coast FL 32137		
DESCRIPTION OF IMPROVEMENT	build 1 monument sign		
OWNER INFORMATION OR LESSEE INFORMATION IF THE LESSEE CONTRACTED FOR IMPROVEMENT			
NAME	CRE-KL Seminole Woods Owner LLC	INTEREST IN PROPERTY	owner
ADDRESS	14025 Riveredge Drive, Ste.175, Tampa FL 33637		
NAME AND ADDRESS OF FEE SIMPLE TITLEHOLDER - (IF OTHER THAN OWNER)			
CONTRACTOR NAME	Signature Privacy Walls of FL, Inc.	PHONE	727-271-4946
ADDRESS	4653 Linnet Street New Port Richey FL 34652		
SURETY NAME		PHONE	
ADDRESS		BOND AMOUNT	
LENDER NAME		PHONE	
ADDRESS			
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		PHONE	
ADDRESS			
IN ADDITION TO HIM/HERSELF, 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			
NAME		PHONE	
ADDRESS			
EXPIRATION DATE OF NOTICE OF COMMENCEMENT			
THE EXPIRATION DATE IS 1 YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED HERE:			

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

Authorized Signatory

SIGNATORY'S TITLE / OFFICE

STATE OF FLORIDA COUNTY OF FLAGLER

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME, BY MEANS OF ☒ PHYSICAL PRESENCE OR ☐ ONLINE NOTARIZATION,

THIS 28th DAY OF February, 2025 BY James P. Harvey

PERSONALLY KNOWN ☒ OR PRODUCED IDENTIFICATION

SIGNATURE OF NOTARY PUBLIC STATE OF FLORIDA

NAME OF
BRYON T. LOPRESTE
MY COMMISSION # HH 456133
EXPIRES: January 27, 2028
PRINT, TYPE OR STAMPED COMMISSIONED NAME OF NOTARY PUBLIC

Legal description

ENCLAVE AT SEMINOLE PALMS MB 43 PG 16 TRACT "F" (0.03 AC) SIGNAGE PURPOSES
(PLAT DEDICATION TO THE SEMINOLE PALMS CDD

Unofficial Copy