

Permit Number: \_\_\_\_\_  
Folio/Parcel ID #: 30-24-28-0000-00-001  
Prepared by: Angel Rivera  
\_\_\_\_\_  
Return to: \_\_\_\_\_  
\_\_\_\_\_

**DOC # 20230616610**  
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Rec Fee: \$10.00  
Deed Doc Tax: \$0.00  
Mortgage Doc Tax: \$0.00  
Intangible Tax: \$0.00  
Phil Diamond, Comptroller  
Orange County, FL  
Ret To: SIMPLIFILE LC

**NOTICE OF COMMENCEMENT**

State of Florida, County of Osceola

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** (legal description of the property, and street address if available)  
NEXTEL CELL TOWER (EPCOT) 1100 AVENUE OF THE STARS BAY LAKE
2. **General description of improvement** \_\_\_\_\_ generator. Replace batteries in EBRE.  
Remove old equipment(2)6101 cabinets, sub-panels and 30kw Install (1)200A ILC and (1) 50kw generator
3. **Owner information or Lessee information if the Lessee contracted for the improvement**  
Name WALT DISNEY PARKS AND RESORTS US, INC  
Address P.O BOX 14670 BRANDENTON FL. 32830  
Interest in Property \_\_\_\_\_  
Name and address of fee simple titleholder (if different from Owner listed above)  
Name \_\_\_\_\_  
Address \_\_\_\_\_
4. **Contractor**  
Name ASCEND WIRELESS NETWORKS INC Telephone Number 407-451-0474  
Address P.O BOX 14670 BRANDENTON FL. 34280 CGC1521965
5. **Surety** (if applicable, a copy of the payment bond is attached)  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
6. **Lender**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_
9. **Expiration date of notice of commencement** (the expiration date will be 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.**

Shelia Turnipseed  
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

SITE ACQ MANAGER  
Signatory's Title/Office

The foregoing instrument was acknowledged before me this 20 day of 2022 by Shelia Turnipseed  
month/year name of person  
as Site Acq Manager for Crown Castle  
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

Angel Rivera  
Signature of Notary Public – State of Florida

Angel Rivera  
Print, type, or stamp commissioned name of Notary Public

Personally Known  OR Produced ID \_\_\_\_\_  
Type of ID Produced \_\_\_\_\_

