Permit Number: Folio/Parcel Identification Number: Prepared by and Return to: Walt Disney World Resort - FAM Attn: Elaine Schomburg-Lafleur P.O. Box 10000 Lake Buena Vista, FL 32830-1000

DOC # 20230714764

12/12/2023 14:35 PM Page 1 of 1

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 Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713. Florida Statues, the following information is provided in this Notice of Commencement

| 713, Florida Statues, the following information is provided in this N | |
|---|--|
| 1. Description of Property (legal description of property, and str | reet address if available) |
| 4050433 - 4485 CARIBBEAN WY # B, BAY LAKE, FL 32836, | 11-24-27-0000- |
| 00-001 | _ |
| 2. General description of improvement | —————————————————————————————————————— |
| General Construction | |
| 3. Owner information or Lessee information if the Lessee co | ntracted for the improvement |
| Name Walt Disney World Resort | |
| Address P.O. Box 10000, Lake Buena Vista, FL 32830 | |
| Interest in Property Owner | |
| Name and address of fee simple titleholder (if diffrerent fro | m Owner listed above) |
| Name Address | |
| 4. Contractor | |
| | |
| Name Bruns Inc | Telephone Number 407-827-4338 |
| Address PO Box 981, Winderemere, FL 34786 | 772 |
| 5. Surety | |
| Name | Telephone Number |
| Address 6. Lender | Amount of Bond \$ |
| | |
| Name | Telephone Number |
| Address 7. Persons within the State of Florida designed by Owner upon | |
| as provided by Section 713.13(1)(b), Florida Statues. | on whom notices or other documents may be served |
| Name Megan Kelley, Facility Asset Management (FAM) | Telephone Number 407 000 4000 |
| Address P.O. Box 10000, Lake Buena Vista, Florida 32830- | Telephone Number 407-939-4963 |
| 8. In addition to himself or herself. Owner designates the following | lowing to receive a copy of the Lienor's Notice as |
| provided by Section 713.13(1)(b), Florida Statues. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Name Elaine Schomburg-Lafleur | Telephone Number 407-824-7669 |
| Address P.O. Box 10000, Lake Buena Vista, Florida 32830- | 1000 |
| 9. Expiration date of notice of commencement (the expiration | date may not be before the completion of construction |
| and final payment to the contractor, but will be 1 year from the date | e of recording unless a different date is specified) |
| and final payment to the contractor, but will be 1 year from the date 12/10/202 | e of recording unless a different date is specified) |
| 12/10/202 WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE | e of recording unless a different date is specified) |
| 12/10/202 WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTIMENTS TO YOUR PROPERTY. A NOTICE OF O | e of recording unless a different date is specified) 4 EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE DN 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR OMMENCEMENT MILET BE PECORDED AND POSTED ON THE IOR |
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