		DOG // 00040040
Permit Number:	PO 4507363064 4-28-0000-00-009	<b>DOC # 20240012640</b> 01/08/2024 11:28 AM Page 1 of 1
Folio/Parcel ID #: TAX ID: 30-2	4-28-0000-00-009	Rec Fee: \$10.00
Prepared by: Greg Beasley	erce Ct.	Deed Doc Tax: \$0.00
650 Gem Comm	erce Ct,	Mortgage Doc Tax: \$0.00
Apopka, FL, 327	03	Intangible Tax: \$0.00
		Phil Diamond, Comptroller
PO Box 10000		Orange County, FL
	L	Ret To: SIMPLIFILE LC
NOTIC	CE OF COMMENCEMENT	
State of Florida, County of Ora		
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.		
	egal description of the property, and s	
TAX ID: 30-24-28-0000-00	0-009, 1100 POSSUM PATH	street address if available)
2. General description of im		
Electrical Work	provement	
	see information if the Lessee cont	racted for the improvement
Name Walt Dianay Warld Darks and Dagarta		
Address PO Box 10000, Lake Buena Vista, FL, 32830		
Interest in Property		
	simple titleholder (if different from	Owner listed above)
	• `	· ·
Address		
4. Contractor		
Name Colwill Engineering	r Electrical Inc	Telephone Number
Address 650 Gem Comme	rce Ct, Apopka, FL, 32703	Telephone Number
	y of the payment bond is attached)	
	y of the payment bond is attached)	Telephone Number
		Amount of Bond \$
6. Lender		Amount of Bond \$
		Tolophono Number
Address		Telephone Number
Address	of Florida decimated by Owner up	oon whom notices or other documents may
	oi Florida designated by Owner up / §713.13(1)(a)7, Florida Statutes.	on whom houces of other documents may
		Talanhana Numbar
Name	ake Buena Vista, FL, 32830	Telephone Number
		owing to receive a convert the Liener's
		owing to receive a copy of the Lienor's
	13.13(1)(b), Florida Statutes.	Talankana Niwakan
Name_	-l D Vi-t- El 00000	Telephone Number
Address PO Box 10000, La	ake Buena Vista, FL, 32830	date will be 1 year from the date of recording
<u> </u>	•	date will be 1 year from the date of recording
unless a different date is s	ресіпеа)	
E CONSIDERED IMPROPER PAYMEN SULT IN YOUR PAYING TWICE FOR I CORDED AND POSTED ON THE JOB	ITS UNDER CHAPTER 713, PART I, SECTIO MPROVEMENTS TO YOUR PROPERTY. A N SITE BEFORE THE FIRST INSPECTION. IF	
Stephanie	Rearson	Authorized Signatory

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager Signatory's Title/Office

The foregoing instrument was acknowledged before me by means of [ ] physical presence or [  $\checkmark$  online notarization, this  $\_{}^{4\text{th}}$  day of  $\_{}^{January\ 2024}$  by  $\_{}^{Stephanie\ Pearson}$ 

month/year name of person

Walt Disney Parks & Resorts, Inc.

Name of party on behalf of whom instrument was executed Type of authority: owner, officer, trustee, attorney in fact

Signature of Notary Public – State of Florida Personally Known \_ OR Produced ID \_\_

Davida G. Heeder

Print, type, or stamp commissioned name of Notary Public



Type of ID Produced\_