

Permit Number: _____
 Folio/Parcel ID #: 22-24-28-0000-00-015
 Prepared by: Christ Tsakonas

 Return to: Walt Disney World Resort
P O Box 10000 Lake Buena Vista

DOC # 20240032689
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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 Orange

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)
Centra Care Medical Clinic, 12500B ST RD 535, 22-24-28-0000-00-015
2. **General description of improvement**
Plumbing Work
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
 Name Walt Disney World Resort
 Address PO Box 10000, Lake Buena Vista, FL 32830
 Interest in Property Owner
Name and address of fee simple titleholder (if different from Owner listed above)
 Name _____
 Address _____
4. **Contractor**
 Name WWGAY Mechanical Contractor, Inc. Telephone Number 407-841-4670
 Address 3220 39th St. Orlando, FL 32830
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 Melanie Defaria Telephone Number 407-341-0688
 Address P O Box 10000, Lake Buena Vista, FL 32830
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 Manny Dumas Telephone Number 407-827-4868
 Address P O Box 10000, Lake Buena Vista, FL 32830
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.

[Signature] _____ Mgr Engineering Svcs
 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 this 2nd day of July by Kevin M. Jones
 as Authorized Signature for Walt Disney Company
Type of authority, e.g., officer, trustee, attorney in fact month/year name of person
Name of party on behalf of whom instrument was executed

[Signature] _____ Nancy A Fohlman
 Signature of Notary Public - State of Florida Print, type, or stamp name of Notary Public

Personally Known OR Produced ID _____
 Type of ID Produced _____



Nancy A. Fohlman
 Notary Public
 State of Florida
 Comm# HH025632
 Expires 9/7/2024