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

## DOC # 20240101262

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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, C | county of Orange |
|---------------------|------------------|
|---------------------|------------------|

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter

|   | Statues, the following information is provided in this  | Notice of Commencement.  |
|---|---|--|
|   | ion of Property (legal description of property, and a 7 - 1620 Seven Seas Dr. 11-24-270000-00-007   | street address if available)   |
|   | description of improvement  |  |
|   | Construction  |  |
| 3. Owner in                                   | formation or Lessee information if the Lessee o   | ontracted for the improvement  |
| Name  | Walt Disney World Resort  |  |
| Address                                       | P.O. Box 10000, Lake Buena Vista, FL 32830  |  |
|   | n Property Owner  |  |
| Name ar                                       | nd address of fee simple titleholder (if diffrerent f   | rom Owner listed above)  |
| Name  |   |  |
| Address                                       |   |  |
| 4. Contracto                                  | or  |  |
| Name  | POLI CONSTRUCTION INC   | Telephone Number 866-611-3632  |
| Address                                       | 7512 DR PHILLIPS BOULEVARD, SUITE 50-72   | 5, ORLANDO, FL 32819   |
| 5. Surety                                     |   |  |
| Name  |   | Telephone Number   |
| Address<br>6. Lender                          |   | Amount of Bond \$  |
|   |   |  |
| <u>Name</u><br>Address                        |   | Telephone Number   |
|   | within the State of Florida designed by Owner u   | pon whom notices or other documents may be served  |
|   | by Section 713.13(1)(b), Florida Statues.   | poir whom houces of other documents may be served  |
| Name  | Megan Kelley, Facility Asset Management (FAM)   | Telephone Number 407-939-4963  |
| Address                                       | P.O. Box 10000, Lake Buena Vista, Florida 3283  |  |
| 8. In addition                                | on to himself or herself, Owner designates the f  | ollowing to receive a copy of the Lienor's Notice as   |
|   | Section 713.13(1)(b), Florida Statues.  |  |
| Name  | Chris Dickman   | Telephone Number 407-828-1277  |
|   | P.O. Box 10000, Lake Buena Vista, Florida 3283  |  |
| and final pay                                 | ment to the contractor, but will be 1 year from the d<br>2/18/2   | on date may not be before the completion of construction ate of recording unless a different date is specified) 025  |
| CONSIDERED I<br>PAYING TWICE<br>SITE BEFORE 1 | MPROPER PAYMENTS UNDER CHAPTER 713, PART I, SEC<br>FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE O<br>THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINAN | HE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE<br>TION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR<br>F COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB<br>ICING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE   |
|   | WORK OR RECORDING YOUR NOTICE OF COMMENCEME   |  |
|   |   | oing notice of commencement and that the facts   |
| stated in it a                                | re true to the best of my knowledge and belief.   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   | Chris Dickman   | Chris Dickman / Project Rep. / FAM   |
| Signa   | ature of Owner or Lessee, or Owner's or   | Signatory's Printed Name/Title/Office  |
| Lessee's                                      | Authorized Officer/Director/Partner/Manager   |  |
| The foregoing                                 | g instrument was acknowledged before me this  | 19 day of February 2024, by Chris Dickman  |
|   |   | month/year   |
| as  | Authorized Signatory for  | Walt Disney World Resort   |
| Тур   | e of authority, e.g., officer, trustee, altorney in fact  | Name of party on behalf of whom instrumentwas executed   |
| S 1A  | 1   |  |
| VIVIL DA - Kill Wen                           |   | Maran Kallau   |
| Siob  | ature of Notery Aublic - State of Florida   | Megan Kelley Print, type, or stamp name of Notary Republic   |
| ~.84  | The base of bridge  | r tim, type, or stamp hame or Notary republic  |
| Personally kno                                | OR Produced ID  | Secretarist land town Burkland Barkland Barkland   |
| - Graditally KIIC                             | OK Floduced ID  | MEGAN KELLEY   |
| Type of ID Pro                                | oduced  | Notary Public - State of Florida   |
|   |   | Commission # HH 34123  My Comm. Expires Aug 19, 2024   |
|   |   | Bonded through National Notary Assn.   |
|   |   | Marie Britain State Control of the C |