

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

Document Number: 20230026687  
Book Number: \_\_\_\_\_  
Page Number: \_\_\_\_\_

**AMENDMENT TO  
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 property, and street address if available)  
4046237 - 1930 VILLAGE SERVICES TRAIL, LAKE BUENA VISTA, FL 32830,  
28-24-28-0000-00-001
2. **General description of improvement**  
General Construction
3. **Owner information or Lessee information if the Lessee contracted 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 different from Owner listed above)  
Name \_\_\_\_\_  
Address \_\_\_\_\_
4. **Contractor**  
Name ALERT SECURITY INC dba SIGNATURE SYSTEMS OF FLORIDA Telephone Number 407-644-8990  
Address 150 WILSHIRE BLVD, CASSELBERRY, FL 32707
5. **Surety**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
6. **Lender**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_
7. **Persons within the State of Florida designed by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Megan Kelley, Facility Asset Management (FAM) Telephone Number 407-939-4963  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Ashley Thibeault Telephone Number \_\_\_\_\_  
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 of recording unless a different date is specified)  
12/31/2025

**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.**

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

Ashley Thibeault  
Signature of Owner or Lessee, or Owner's or  
Lessee's Authorized Officer/Director/Partner/Manager

Ashley Thibeault / Project Rep. / FAM

Signatory's Printed Name/Title/Office

The foregoing instrument was acknowledged before me this

2 day of Jan 2025, by Ashley Thibeault  
month/year

as \_\_\_\_\_ Authorized Signatory  
Type of authority, e.g., officer, trustee, attorney in fact

for \_\_\_\_\_  
Name of party on behalf of whom instrument was executed

Lindsay Punday  
Signature of Notary Public - State of Florida

Lindsay Punday  
Print, type, or stamp name of Notary Public

Personally known X OR Produced ID \_\_\_\_\_

Type of ID Produced \_\_\_\_\_

