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

## **DOC # 20250044619** 01/23/2025 14:10 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

LINDSAY PUNDAY
Notary Public - State of Florida
Commission # HH 501112
My Comm. Expires Mar 7, 2028
Bonded through National Notary Assn.

## NOTICE OF COMMENCEMENT

| Th   | ate of Florida, County of Orange<br>to undersigned hereby gives notice t<br>3, Florida Statues, the following info | hat improvement will be made<br>rmation is provided in this Notic | to certain real property, and in accordance with Chapter<br>ce of Commencement. |  |
|--|--|---|---|--|
| 1.   | Description of Property (legal description of property, and street address if available)                           |   |   |  |
| _  | 4047935 - 1363 AVENUE OF THE STARS 30-24-28-0000-00-001  |   |   |  |
| 2.   |  | General description of improvement                                |   |  |
| 3.   | General Construction 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<br>Address  |   |   |  |
| 4.   | Contractor   |   |   |  |
|  | Name Coastal Steel Inc   |   | Telephone Number (407) 827-4309   |  |
|  | Address P.O. Box 22153, Lake I   | Buena Vista, FL 32830   |   |  |
| 5.   | Surety   |   |   |  |
|  | Name   |   | Telephone Number Amount of Bond \$  |  |
| 6  | Address<br>Lender  |   | Amount of Bond \$   |  |
| ۷.   | 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 Statues.  |  |   |   |  |
|  |  | sset 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 Statues.   |  |   |   |  |
|  | Name Sydney Sikorski   |   | Telephone Number  |  |
|  | Address P.O. Box 10000, Lake I   |   |   |  |
| 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)  1/10/2026   |  |   |   |  |
| 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.   |  |   |   |  |
|  |  |   |   |  |
|  |  |   |   |  |
|  | harshe   |   | Sydney Sikorski / Project Rep. / FAM  |  |
|  | Signature of Owner or Lessee, or Ow<br>Lessee's Authorized Officer/Director/Parti                                  | ner's or<br>ier/Manager   | Signatory's Printed Name/Title/Office   |  |
| The  | a foregoing instrument was acknowle  | edged before me this $\underline{23}$                             | _ day of Jan 2025, by Sydney Sikorski   |  |
| as   | Authorized Signal  | ory for   | Wait Disney World Resort  |  |
| Type of authority, e.g., officer, trustee, afterney in fact  Name of party on behalf of whom instrumentwas executed  |  |   |   |  |
| ٧  | Lucia (D)  |   | Lindson Rundon  |  |
|  | maser Trud   | <u>ay                                     </u>                    | Cirasay runday  |  |
| سنسا   | Signature of Nothry Public - State of  | Flofida   | Print, type, or stamp name of Notary Republic                                   |  |
| Personally known X, QR Produced ID   |  |   |   |  |
|  | - <del>/N</del> -  |   | at William  |  |
| 1.7  | ype of ID Produced   |   | LINDSAY PUNDAY  |  |