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

DOC # 20250072373

02/07/2025 07:45 AM 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

NOTICE OF COMMENCEMENT

State o	f Florida,	County o	f Orange
---------	------------	----------	----------

Authorized Signatory

ype of authority, e.g., officer, trustee, attorney in fact

OR Produced ID

as

Personally known

Type of ID Produced

The	ite of Florida, County of Orange e undersigned hereby gives notice that improvement will be i apter 713, Florida Statues, the following information is provic			
1.	. Description of Property (legal description of property, and street address if available)			
2.	Disney's Beach Club Main Building Phase 1 Exterior, 1800 Epcot Resorts Blvd, Bay General description of improvement			
3.	Exterior Rehab and Shingle Rc 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 diffrerent	from Owner listed above)		
	Name Address			
1. (Contractor			
		Telephone Number 407-259-2656		
	Name Calic Group Address PO Box 692439 Orlando, FL 32869	Telephone Number 407-259-2656		
5. \$	Surety			
	Name	Telephone Number		
	Address	Amount of Bond \$		
3. I	Lender			
	Name	Telephone Number		
	Address			
7. I	Persons within the State of Florida designed by Owner opprovided by Section 713.13(1)(b), Florida Statues.	ipon whom notices or other documents may be served		
15		T. I		
	Name Address P.O. Box 10000, Lake Buena Vista, Florida 3283	<u>Telephone Number 407-939-4963</u>		
3.	In addition to himself or herself, Owner designates the			
	vided by Section 713.13(1)(b), Florida Statues.	······································		
	Name	Telephone Number 321-228-4987		
	Address P.O. Box 10000 Lake Buena Vista Florid	la 32830-1000		
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)				
ON SITE	RNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER T ISIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SEC I'NG TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE E BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINA IMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEME Der penalty of perjury, I declare that I have read the fores	CTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB NCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE ENT.		
	ted in it are true to the best of my knowledge and belief.			
	Ento & CH	Ernesto Calderin / Project Representative		
	Signature of Owner or Lesset; of Owner's or Lessee's Authorized Officer/Director/Partner/Manager	Signatory's Printed Name/Titte/Office		
۲he	e foregoing instrument was acknowledged before me this	5 day of Feb 2025 by Grove Caldman		

for



