

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

Permit Number: \_\_\_\_\_  
 Folio/Parcel ID #: \_\_\_\_\_  
 Prepared by: Paul La Rosa (PWS)  
 WALT DISNEY WORLD  
 PO BOX 10000 LAKE BUENA VISTA, FL. 32830  
 Return to: WALT DISNEY WORLD  
 PO BOX 10000 LAKE BUENA VISTA, FL. 32830  
 Sam Dienes/Paul La Rosa

**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)  
 3271 SHERBERTH RD Bay Lake, FL 32830 Tax ID#34-24-27-0000-00-003
2. **General description of improvement**  
 General Construction
3. **Owner information or Lessee information if the Lessee contracted for the improvement**  
 Name WALT DISNEY WORLD  
 Address PO BOX 10000, LAKE BUENA VISTA, FL 32830  
 Interest in Property \_\_\_\_\_  
 Name and address of fee simple titleholder (if different from Owner listed above)  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_
4. **Contractor**  
 Name Everon Telephone Number 904-685-7000  
 Address 671 Garden Commerce Parkway, Suite 100, Winter Garden, FL 34787
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 Sam Dienes Telephone Number 407-701-6762  
 Address PO 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 Paul La Rosa (PWS) AK FACILITIES Telephone Number 407-222-1748  
 Address PO BOX 10000, LAKE BUENA VISTA, FL 32830
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) \_\_\_\_\_

**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.**

Sam Dienes Manager- Eng. 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 19 day of March by Sam Dienes  
 month/year name of person  
 as Authorized Signatory for the Walt Disney Company

Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed  
Tina Nelson  
 Signature of Notary Public - State of Florida Print, type, or stamp commissioned name of Notary Public

Personally Known ☒ OR Produced ID ☐  
 Type of ID Produced \_\_\_\_\_

