

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


**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.

- Description of Property** (legal description of property, and street address if available)  
1208426.R.F - 785 TIMBERLINE DR, 272412151400001
- General description of improvement**  
General Construction
- Owner Information or Lessee information if the Lessee contracted for the improvement**  
Name Disney Vacation Club Management Corp.  
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 \_\_\_\_\_
- Contractor**  
Name BOYER BUILDING CORPORATION Telephone Number 407-702-3299  
Address 6675 WESTWOOD BLVD, ORLANDO, FL 32821
- Surety**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
- Lender**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_
- 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
- 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 Gaby Alvarenga Telephone Number \_\_\_\_\_  
Address P.O. Box 10000, Lake Buena Vista, Florida 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)  
10/31/2025

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.

  
 \_\_\_\_\_  
 Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer, Director, Partner/Manager

\_\_\_\_\_  
 Gaby Alvarenga / Project Rep. / FAM  
 Signatory's Printed Name/Title/Office

The foregoing instrument was acknowledged before me this 18 day of April 2025, by Gaby Alvarenga

as \_\_\_\_\_ Authorized Signatory \_\_\_\_\_ for \_\_\_\_\_  
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

  
 \_\_\_\_\_  
 Signature of Notary Public - State of Florida

  
 \_\_\_\_\_  
 Print, type, or stamp name of Notary Public

Personally known  OR Produced ID \_\_\_\_\_  
Type of ID Produced \_\_\_\_\_

