Permit Number: Folio/Parcel Identification Number: Prepared by and Return to: Walt Disney World Resort - FAM Attn: Jumoke Adebimpe P.O. Box 10000 Lake Buena Vista, FL 32830-1000 DOC# 20160596212 11/15/2016 12:23:45 PM Page 1 of 11 Rec Fee: \$95.00 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO FACI

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 Statues, the following information is provided in this Notice of Commencement.

. Description of property	(legal description of the property, & street address if available)
See attached legal description	
. General description of improvement	
Room Rehab	
Owner information of Lessee information if the Lessee c	ontracted for the improvement
Name: Walt Disney World Resort	
Address: P.O. Box 10000, Lake Buena Vista, FL 32830	
Interest in Property: Owner	
Name & address of fee simple titleholder	(if different from Owner listed above
Name:	
Address:	
Contractor	
Name: GILBANE BUILDING COMPANY	Telephone Number: 407-422-7691
Address: 315 E Robinson St, Orlando, FL 32801	
Surety	(if applicable, a copy of the payment bond is attached
Name:	Telephone Number:
Address:	Amount of Bond \$
Lender	
	Telephone Number:
Name:	r dispriorie nutriber.
Address:	
Persons within the State of Florida designated by Owner provided by Section 713.13(1)(b), Florida Statues.	r upon whom notices or other documents may be served as
Name: Judy Wells, Facility Asset Management (FAM)	Telephone Number: (407) 939-463
Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-	
Address: P.O. Box 10000, Lake Buena Vista, Florida 32830- Expiration date of notice of commencement	-1000
(the expiration date may not be before the completion of consthe date of recording unless a different date is specified)	struction and final payment to the contractor, but will be 1 year from
Apr	30, 2018
ONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PAR' AYMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A N HE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND T ITORNEY BEFORE COMMENCING WORK OR RECORDING YOUR	
J(A)	Clarit by A Assell Dage
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager	Signatory's Printed Name/Title/Office
e foregoing instrument was acknowledged before me this	15 day of Vov 2016, by Chris Assets
Authorized Signatory	for Walt Disney World Resort
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
rsonally known OR Produced ID	Notary Public State of Florida Kelty L. Nobles
pe of ID Produced	My Commission GG 002188 .ं रेड [ि] Expires 07/29/2020



















