

Permit Number: _____
 Folio/Parcel ID #: _____
 Prepared by: _____

Rec Fee: \$18.50
 Deed Doc Tax: \$0.00
 Mortgage Doc Tax: \$0.00
 Intangible Tax: \$0.00
 Martha O. Haynie, Comptroller
 Orange County, FL
 Ret To: CSC INC

Return to: Abby Brandenburg
1365 Avenue of the Stars/PO Box 10321
Lake Buena Vista, FL 32830

NOTICE OF COMMENCEMENT - AMENDED

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. **Amending NOC 20150163604 B:10897 P:8192**

- Description of property** (legal description of the property, and street address if available)
REFERENCE ATTACHMENT "A" FOR ADDRESSES
- General description of improvement**
D.I. A.D. AND FACADES DESIGN PACKAGE
- Owner information or Lessee information if the Lessee contracted for the improvement**
 Name Walt Disney Imagineering
 Address PO Box 10321, Lake Buena Vista, FL 32830-0321
 Interest in Property N/A
 Name and address of fee simple titleholder (if different from Owner listed above)
 Name N/A
 Address N/A
- Contractor**
 Name SIGN PRODUCERS, INC. Telephone Number 407-855-8864
 Address 555 WEST LANDSTREET RD., ORLANDO, FL 32824
- Surety** (if applicable, a copy of the payment bond is attached)
 Name N/A Telephone Number _____
 Address _____ Amount of Bond \$ _____
- Lender**
 Name N/A Telephone Number _____
 Address _____
- 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 Russell Stokes Telephone Number 407-560-7697
 Address PO Box 10321, Lake Buena Vista, FL 32830-0321
- 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 Beth Dougherty - Contract Accounting Telephone Number 407-560-3660
 Address PO Box 10321, Lake Buena Vista, FL 32830-0321
- 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) September 30, 2016

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 [Signature] VP & GM
 Signatory's Title/Office

The foregoing instrument was acknowledged before me this 3 day of July by John C. Blitch
 month/year name of person

as Vice President & General Manager for Walt Disney Imagineering

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

Name of party on behalf of whom instrument was executed

Carolyn Bellino
 Signature of Notary Public - State of Florida

Carolyn Bellino
 Print, type, or stamp commissioned name of Notary Public

Personally Known OR Produced ID _____
 Type of ID Produced _____



CAROLYN MARY BELLINO
 NOTARY PUBLIC
 STATE OF FLORIDA
 Comm# FF099835
 Expires 7/5/2018

ATTACHMENT "A"

DESCRIPTION OF PROPERTY

LOCATION "1" - 655 W. Savannah Circle, Bay Lake, FL

LOCATION "2" – 691 W. Savannah Circle, Bay Lake, FL

LOCATION "3" – 675 W. Savannah Circle, Bay Lake, FL

LOCATION "4" – 715 W. Savannah Circle, Bay Lake, FL

LOCATION "5" – 665 W. Savannah Circle, Bay Lake, FL

Permit Number: BD15-0255

Folio/Parcel Identification Number: 21-24-28-0000-00-027

Prepared by: United Commercial Real Estate
4027 West First Street, Sanford, FL 32771Return to: Lea Collins, United Commercial Real Estate
4027 West First Street, Sanford, FL 32771DOCH 20150285684 B: 10930 P: 6349
06/08/2015 02:11:47 PM Page 1 of 1
Rec Fee: \$10.00
Martha O. Haynie, Comptroller
Orange County, FL
MB - Ret To: UNITED COMMERCIAL REAL ES**NOTICE OF COMMENCEMENT**

State of Florida, County of Orange

The undersigned hereby gives notice that improvement(s) 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)

2000 Hotel Plaza Blvd, Lake Buena Vista, FL 32830

2. General description of improvement(s)

Replacing antennas, adding radios and lines to an existing rooftop.

3. Owner informationName Verizon Wireless Telephone Number _____Address 777 Yamato Rd, #600, Boca Raton, F Interest in Property Leasehold**4. Fee Simple Title Holder** (if other than owner shown above)Name Walt Disney Parks & Resorts US Inc Telephone Number _____Address C/O Westmont Hospitality Group, 5847 San Felipe St, Ste 4650, Houston, TX 77057**5. Contractor**Name Betacom Incorporated / Ronald Mooney Telephone Number 813-986-4922Address 9331 E Fowler Avenue, Thonotosassa, FL 33592**6. Surety** (if any)Name NA Telephone Number NAAddress NA Amount of bond \$ NA**7. Lender** (if any)Name NA Telephone Number NAAddress NA**8. 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 Josephine Conde Telephone Number _____Address 777 Yamato Road, Suite 600, Boca Raton, FL 33431**9. 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 _____ Telephone Number _____

Address _____

10. Expiration date of notice of commencement (the expiration date is one 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.

11. [Signature]
Signature of Owner

(or Owner's Authorized Officer/Director/Partner/Manager §713.13[1][d])

John Noel, Agent, VZW Wireless
Signatory's Printed Name/Title/OfficeThe foregoing instrument was acknowledged before me this 28th day of May, 2015 by John Noel
(year) (name of person)as Agentfor Verizon Wireless

(Type of authority, e.g., officer, trustee, attorney in fact)

(Name of party on behalf of whom instrument was executed)

Diane K. BraceDiane K. Brace

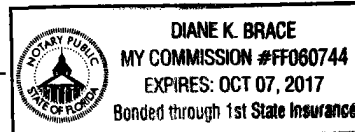
Signature of Notary Public - State of Florida

(Print, type, or stamp commissioned name of Notary Public)

Personally Known X OR Produced ID _____

Type of ID Produced _____

Verification pursuant to Section 92.525, Florida Statutes: Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

[Signature]
Signature of Natural Person Signing on Line 11-Above

Rec Fee: \$10.00

Deed Doc Tax: \$0.00

Mortgage Doc Tax: \$0.00

Intangible Tax: \$0.00

Martha O. Haynie, Comptroller

Orange County, FL

Ret To: SIMPLIFILE LC

Permit Number: _____
 Folio/Parcel Identification Number: _____
 Prepared by: Maria McCabe
 Buena Vista Construction Company
 Return to: P.O. Box 10000, Lake Buena Vista, FL 32830

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 the property, and street address if available)
15 BH Tree Farm Storage Container Refresh, 1550 North Bear Island Road JHBH5027
- General description of improvement**
Provide labor, material and/or electrical for 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 _____
Name and address of fee simple titleholder (if different from Owner listed above)
Name _____
Address _____
- Contractor**
Name Buena Vista Construction Company Telephone Number 407-934-6070
Address P.O. Box 10000, Lake Buena Vista, FL 32830
- Surety** (if applicable, a copy of the payment bond is attached)
Name _____ Telephone Number _____
Address _____ Amount of Bond \$ _____
- Lender**
Name _____ Telephone Number _____
Address _____
- 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 Dave Ellis, Mgr, Sourcing & Procurement Telephone Number 407-828-3582
Address P.O. Box 10000, Lake Buena Vista, FL 32830
- 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 David Caesar, Construction Manager Telephone Number 407-934-6070
Address P.O. Box 10000, Lake Buena Vista, Florida 32830
- 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.

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.

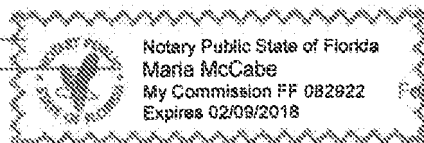
 Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

 Director
 Signatory's Title/Office

The foregoing instrument was acknowledged before me this 5 day of June 15 by Tom Troffer
 month/year name of person
 as Director for Buena Vista Construction Company
 Name of party on behalf of whom instrument was executed

 Signature of Notary Public - State of Florida Maria McCabe
 Print, type, or stamp commissioned name of Notary Public

Personally Known X OR Produced ID
 Type of ID Produced _____



Form Revised: September 26, 2011

Rec Fee: \$10.00

Deed Doc Tax: \$0.00

Mortgage Doc Tax: \$0.00

Intangible Tax: \$0.00

Martha O. Haynie, Comptroller

Orange County, FL

Ret To: SIMPLIFILE LC

Permit Number: _____
 Folio/Parcel Identification Number: _____
 Prepared by: Maria McCabe
 Buena Vista Construction Company

Return to: P.O. Box 10000, Lake Buena Vista, FL 32830

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 the property, and street address if available)
 MK BTM Winch Relocation, 4485 Caribbean Way BL JFMK5080
- General description of improvement**
 Provide labor, material and/or electrical for 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 _____
 Name and address of fee simple titleholder (if different from Owner listed above)
 Name _____
 Address _____
- Contractor**
 Name Buena Vista Construction Company Telephone Number 407-934-6070
 Address P.O. Box 10000, Lake Buena Vista, FL 32830
- Surety** (if applicable, a copy of the payment bond is attached)
 Name _____ Telephone Number _____
 Address _____ Amount of Bond \$ _____
- Lender**
 Name _____ Telephone Number _____
 Address _____
- 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 Dave Ellis, Mgr. Sourcing & Procurement Telephone Number 407-828-3582
 Address P.O. Box 10000, Lake Buena Vista, FL 32830
- 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 Shannon Newgent, Construction Manager Telephone Number 407-934-6070
 Address P.O. Box 10000, Lake Buena Vista, Florida 32830
- 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.

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.

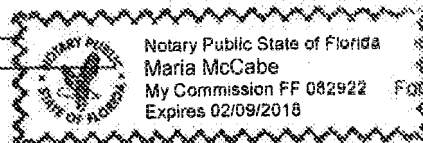
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager _____ Director
 Signatory's Title/Office

The foregoing instrument was acknowledged before me this 5 day of June 15 by Tom Troffer
 month/year name of person

as Director for Buena Vista Construction Company
 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 _____ Maria McCabe
 Print, type, or stamp commissioned name of Notary Public

Personally Known X OR Produced ID _____
 Type of ID Produced _____



Form Revised: September 26, 2011

Rec Fee: \$10.00

Deed Doc Tax: \$0.00

Mortgage Doc Tax: \$0.00

Intangible Tax: \$0.00

Martha O. Haynie, Comptroller

Orange County, FL

Ret To: SIMPLIFILE LC

Permit Number: _____
 Folio/Parcel Identification Number: _____
 Prepared by: Maria McCabe
 Buena Vista Construction Company

 Return to: P.O. Box 10000, Lake Buena Vista, FL 32830

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)
 15 MK Shed Mezzanine, 4930 Caribbean way JEMK5041
2. **General description of improvement**
 Provide labor, material and/or electrical for construction
3. **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 _____
 Name and address of fee simple titleholder (if different from Owner listed above)
 Name _____
 Address _____
4. **Contractor**
 Name Buena Vista Construction Company Telephone Number 407-934-6070
 Address P.O. Box 10000, Lake Buena Vista, FL 32830
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 Dave Ellis, Mgr. Sourcing & Procurement Telephone Number 407-828-3582
 Address P.O. 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 David Caesar, Construction Manager Telephone Number 407-934-6070
 Address P.O. Box 10000, Lake Buena Vista, Florida 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.

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.

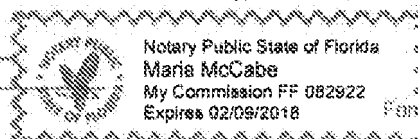
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager _____ Director
 Signatory's Title/Office

The foregoing instrument was acknowledged before me this 8 day of June 15 by Tom Troffer
 month/year name of person

as Director for Buena Vista Construction Company
 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 _____ Maria McCabe
 Print, type, or stamp commissioned name of Notary Public

Personally Known X OR Produced ID _____
 Type of ID Produced _____



Form Revised: September 26, 2011

Rec Fee: \$10.00

Deed Doc Tax: \$0.00

Mortgage Doc Tax: \$0.00

Intangible Tax: \$0.00

Martha O. Haynie, Comptroller

Orange County, FL

Ret To: SIMPLIFILE LC

Permit Number: _____
 Folio/Parcel Identification Number: _____
 Prepared by: Maria McCabe
Buena Vista Construction Company

Return to: P.O. Box 10000, Lake Buena Vista, FL 32830**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 the property, and street address if available)
MK Space Mtn In Queue Monitor, 4950 N World Dr JFMK5241
- General description of improvement**
Provide labor, material and/or electrical for 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 _____
 Name and address of fee simple titleholder (if different from Owner listed above)
 Name _____
 Address _____
- Contractor**
 Name Buena Vista Construction Company Telephone Number 407-934-6070
 Address P.O. Box 10000, Lake Buena Vista, FL 32830
- Surety** (if applicable, a copy of the payment bond is attached)
 Name _____ Telephone Number _____
 Address _____ Amount of Bond \$ _____
- Lender**
 Name _____ Telephone Number _____
 Address _____
- 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 Dave Ellis, Mgr, Sourcing & Procurement Telephone Number 407-828-3582
 Address P.O. Box 10000, Lake Buena Vista, FL 32830
- 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 Shannon Newgent, Construction Manager Telephone Number 407-934-6070
 Address P.O. Box 10000, Lake Buena Vista, Florida 32830
- 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.

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

 Director
 Signatory's Title/Office

The foregoing instrument was acknowledged before me this 4 day of June 15 by Tom Troffer
 month/year name of person

as Director for Buena Vista Construction Company
 Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

Maria McCabe
 Signature of Notary Public - State of Florida

Maria McCabe
 Print, type, or stamp commissioned name of Notary Public

Personally Known ☒ OR Produced ID _____
 Type of ID Produced _____



Notary Public State of Florida
 Maria McCabe
 My Commission FF 082922m Expires September 26, 2011
 Expires 02/09/2018

Permit Number:
Folio/Parcel Identification Number:
Prepared by and Return to:
Walt Disney World Resort - FAM
Attn: Janie Hoffman
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.

1. **Description of property** (legal description of the property, and street address if available)
AVAC BUILDING
2. **General description of improvement**
GENERAL CONSTRUCTION
3. **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 _____
Address _____
4. **Contractor**
Name Bruns Inc Telephone Number (407) 827-4338
Address PO Box 981, Windermere, FL 34786
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 Section 713.13(1)(b), Florida Statutes.**
Name Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631
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 Statutes.**
Name Janie Hoffman Telephone Number 407-824-7887
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
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.

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.

Janie Hoffman
Signature of Owner or Lessee, or Owner's or
Lessee's Authorized Officer/Director/Partner/Manager

Janie Hoffman / planner
Signatory's Printed Name/Title/Office

The foregoing instrument was acknowledged before me this 9th day of June, 2015, Janie Hoffman

month/year

as _____ Authorized Signatory _____
Type of authority, e.g., officer, trustee, attorney in fact

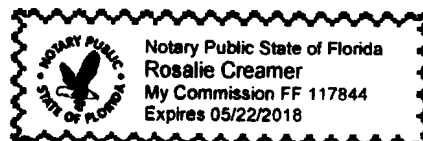
for Walt Disney World Resort
Name of party on behalf of whom instrument was executed

Rosalie Creamer
Signature of Notary Public - State of Florida

Print, type, or stamp name of Notary Public

Personally Known X OR Produced ID _____

Type of ID Produced _____



LAND DESCRIPTION: AVAC BUILDING

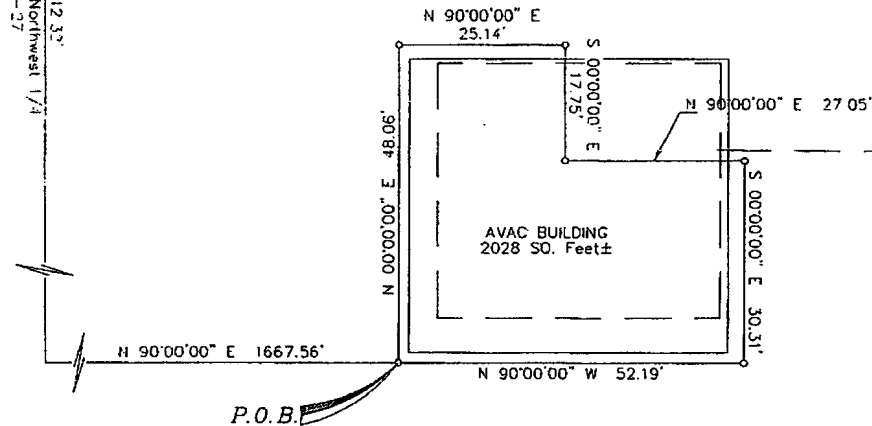
A parcel of land lying in Section 11, Township 24 South, Range 27 East, Orange County, Florida, and being more particularly described as follows:

Commence at the Northwest corner of said Section 11, run along the West line of the Northwest 1/4 of said Section 11, S 00°02'58" E, 612.32 feet; thence N 90°00'00" E, 1667.56 feet to the Point of Beginning; thence N 00°00'00" E, 48.06 feet; thence N 90°00'00" E, 25.14 feet; thence S 00°00'00" E, 17.75 feet; thence N 90°00'00" E, 27.05 feet; thence S 00°00'00" E, 30.31 feet; thence N 90°00'00" W, 52.19 feet to the Point of Beginning, containing 2028 SO. Feet, more or less.

P.O.C.

NORTHWEST CORNER,
SEC 11, T24 S, R27 E

S 00°02'58" E 612.32'
West line of the Northwest 1/4
of Section 11-24-27



P.O.B.

ABBREVIATIONS

R=RAADIUS
L=LENGTH
Δ=DELTA
TB=TANGENT BEARING
SEC=SECTION
TWN=TOWNSHIP
RNG=RANGE
POB=POINT OF BEGINNING
PCL=POINT OF COMMENCEMENT

SURVEYOR'S NOTE

CHAPTER 61C17-6 OF THE FLORIDA
ADMINISTRATIVE CODE REQUIRES
THAT THE FOLLOWING STATEMENT
BE PUT ON THIS SKETCH.

"THIS IS NOT A BOUNDARY SURVEY"

BEARINGS ARE BASED ON THE
W. line, NW 1/4, SEC. 11-24-27
AS BEING S 00°02'58" E



SURVEYING AND
MAPPING DEPARTMENT
P.O.B. 10000
LAKE DUCHA NGTA
FL 32830-1000
PHONE (407)560-7110
FAX (407)560-7269

PROJECT AREA	MAGIC KINGDOM - BACKSTAGE	DATE	04/23/01
UNIT NAME	AVAC BUILDING	SCALE	1" = 20'
SHEET TITLE	SKETCH OF DESCRIPTION	DRAWN BY	MF
COMMENTS	NOTICE OF COMMENCEMENT	FILENAME	02m101127

Permit Number:
Folio/Parcel Identification Number:
Prepared by and Return to:
Walt Disney World Resort - FAM
Attn: Tim Keith
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.

1. **Description of property** (legal description of the property, and street address if available)
Legal Description Attached
2. **General description of Improvement**
Steel Repairs
3. **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 _____
Address _____
4. **Contractor**
Name Coastal Steel Inc Telephone Number 407-827-4309
Address #1 Dopey Drive, Lake Buena Vista, FL 32830
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 Section 713.13(1)(b), Florida Statutes.**
Name Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631
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 Statutes.**
Name Tim Keith Telephone Number (407) 560-4168
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
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)
10/01/2015

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.

Timothy A. Keith TIMOTHY A. KEITH / PROJECT MANAGER / FACILITY ASSET
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager Signatory's Printed Name/Title/Office
MANAGEMENT

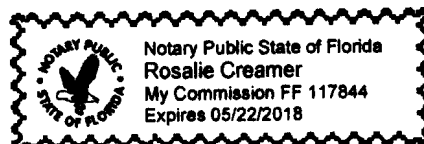
The foregoing instrument was acknowledged before me this 9th day of June 2015 by Timothy Keith
month/year

as 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

Rosalie Creamer
Signature of Notary Public - State of Florida

Print, type, or stamp name of Notary Public

Personally Known X OR Produced ID _____
Type of ID Produced _____

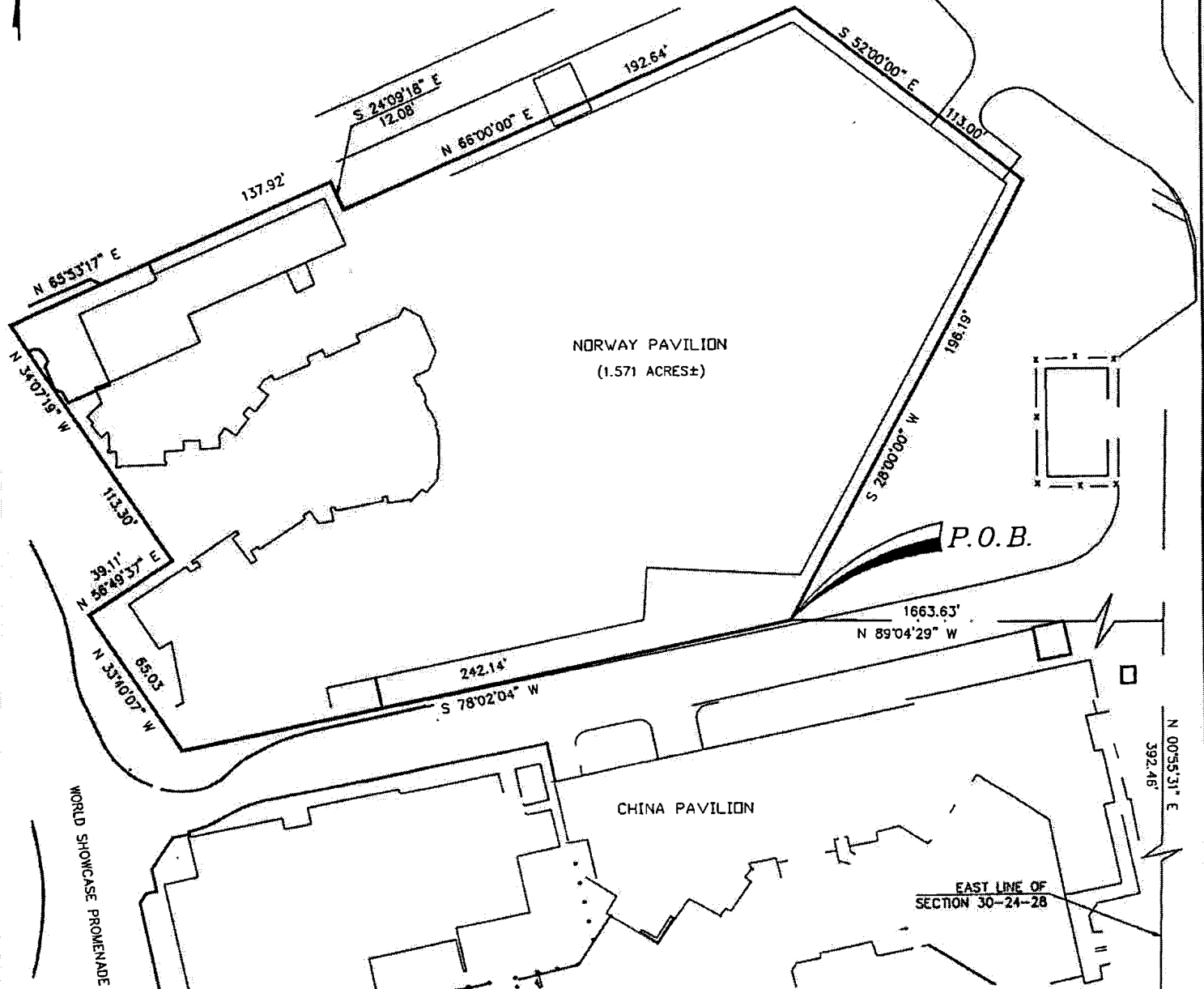


LAND DESCRIPTION:

A parcel of land lying in Section 30, Township 24 South, Range 28 East, in the City of Bay Lake, Orange County, Florida, and being more particularly described as follows:

Commence at the EAST QUARTER corner of said Section 30, run along the East line of said Section, N 00°55'31" E, 392.46 feet; thence N 89°04'29" W, 1663.63 feet to the Point of Beginning; thence S 78°02'04" W, 242.14 feet; thence N 33°40'07" W, 65.03 feet; thence N 56°49'37" E, 39.11 feet; thence N 34°07'19" W, 113.30 feet; thence N 65°53'17" E, 137.92 feet; thence S 24°09'18" E, 12.08 feet; thence N 66°00'00" E, 192.64 feet; thence S 52°00'00" E, 113.00 feet; thence S 28°00'00" W, 196.19 feet, to the Point of Beginning, containing 1.571 acres, more or less.

GRAPHIC SCALE
SCALE 1" = 60'




ABBREVIATIONS
SEC=SECTION
POB=POINT OF BEGINNING
POC=POINT OF COMMENCEMENT
±=MORE OR LESS

SURVEYOR'S NOTE
CHAPTER 61G17-6 OF THE FLORIDA
ADMINISTRATIVE CODE REQUIRES
THAT THE FOLLOWING STATEMENT
BE PUT ON THIS SKETCH.
"THIS IS NOT A BOUNDARY SURVEY"

P.O.C.
EAST QUARTER CORNER
SECTION 30-24-28

BEARINGS ARE BASED ON
THE EAST LINE OF SECTION
30 AS BEING N 00°55'31" E

PROJECT AREA EPCOT CENTER - WORLD SHOWCASE		DATE 11/16/95
UNIT NAME NORWAY RE-ROOF		SCALE 1"=60'
SHEET TITLE SKETCH OF DESCRIPTION		DRAWN BY: W.C. ROWE
COMMENTS NOTICE OF COMMENCEMENT		FILENAME: 11WR9507

REQUESTOR ANDY CALAMARI	 REEDY CREEK ENERGY SERVICES, INC. Survey Department P.O. BOX 10000, Lake Buena Vista, Florida 32830-1000 Telephone (407) 824-4552 Facsimile (407) 934-7257

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

DOCH 20150287876 B: 10931 P: 2373
06/09/2015 12:40:13 PM Page 1 of 2
Rec Fee: \$18.50
Martha O. Haynie, Comptroller
Orange County, FL
MB - Ret To: WALT DISNEY WORLD RESORT



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)
4039019 See Attached
2. **General description of Improvement**
Mechanical
3. **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 _____
Address _____
4. **Contractor**
Name Lo Temp Engineering Telephone Number (407) 654-4055
Address 1001 Crown Park Circle, Winter Garden, FL 32787
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 Section 713.13(1)(b), Florida Statutes.**
Name Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631
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 Statutes.**
Name Cory Hann Telephone Number (407)939-4742
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
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)
10/26/2015

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.

Cory Hann Signature of Owner or Lessee, or Owner's or
Lessee's Authorized Officer/Director/Partner/Manager
Cory E. Hann / PMA / FAM Signatory's Printed Name/Title/Office

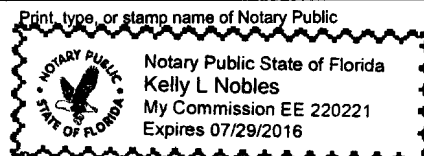
The foregoing instrument was acknowledged before me this 9th day of June 2015 by Cory Hann
month/year

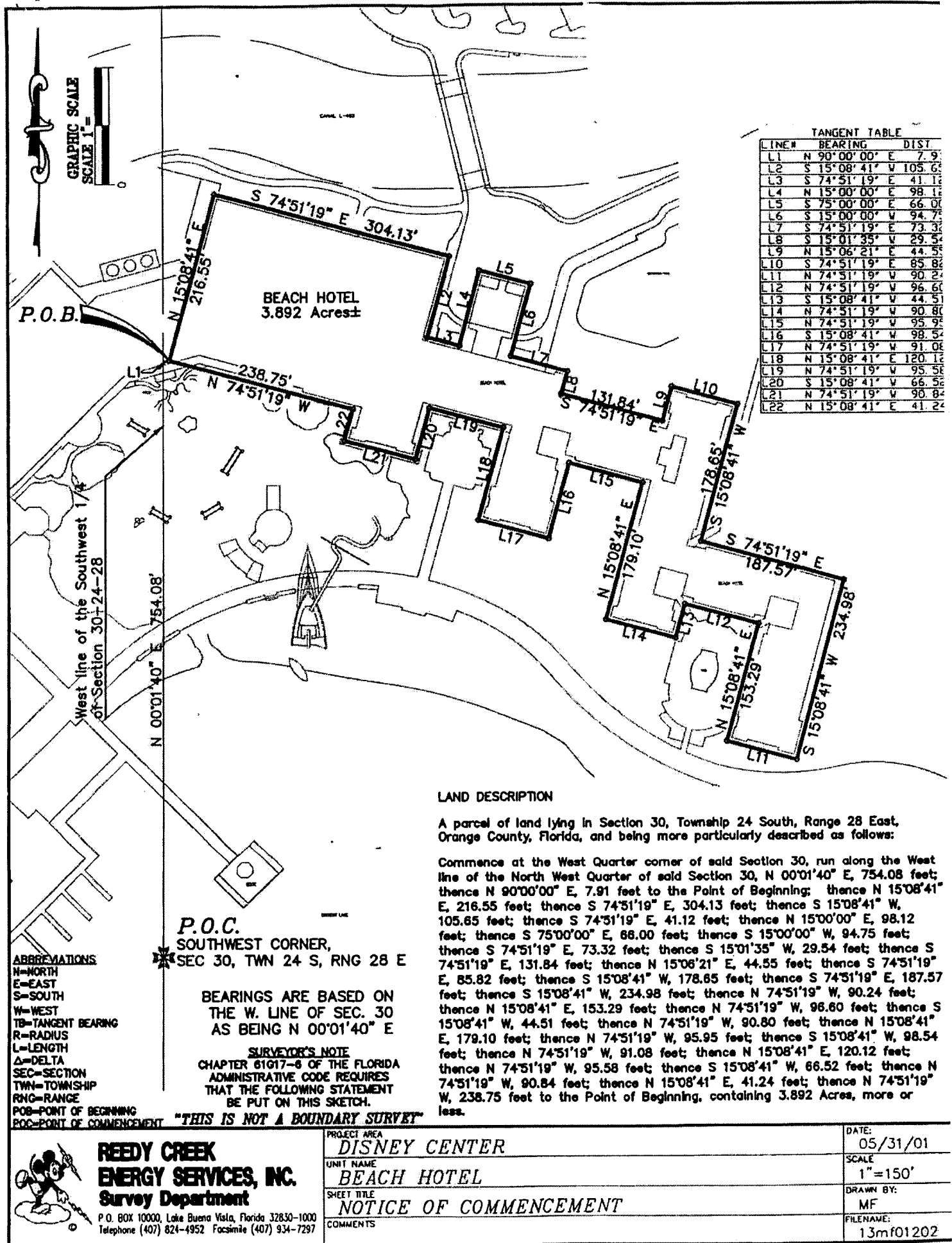
as _____ Authorized Signatory _____ for _____ Walt Disney World Resort
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

[Signature] Signature of Notary Public - State of Florida

Personally Known X OR Produced ID _____

Type of ID Produced _____





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

DOC# 20150287877 B: 10931 P: 2375
06/09/2015 12:40:13 PM Page 1 of 2
Rec Fee: \$18.50
Martha O. Haynie, Comptroller
Orange County, FL
MB - Ret To: WALT DISNEY WORLD RESORT



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)
4037217 - See Attached
2. **General description of improvement**
General Conditions
3. **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 _____
Address _____
4. **Contractor**
Name Faden Builders Telephone Number 352-735-9805
Address 736 S Rossiter St, Mt Dora, FL 32757
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 Section 713.13(1)(b), Florida Statutes.**
Name Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631
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 Statutes.**
Name Tammy Gatlin Telephone Number (407) 828-5165
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
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.

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.

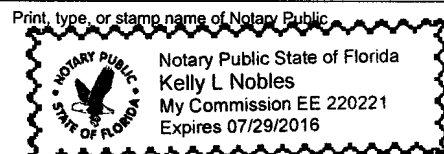
Jill Luciani JILL LUCIANI/PM/FAM
Signature of Owner or Lessee, or Owner's or Signatory's Printed Name/Title/Office
Lessee's Authorized Officer/Director/Partner/Manager
The foregoing instrument was acknowledged before me this 9th day of June 2015 by Jill Luciani
month/year

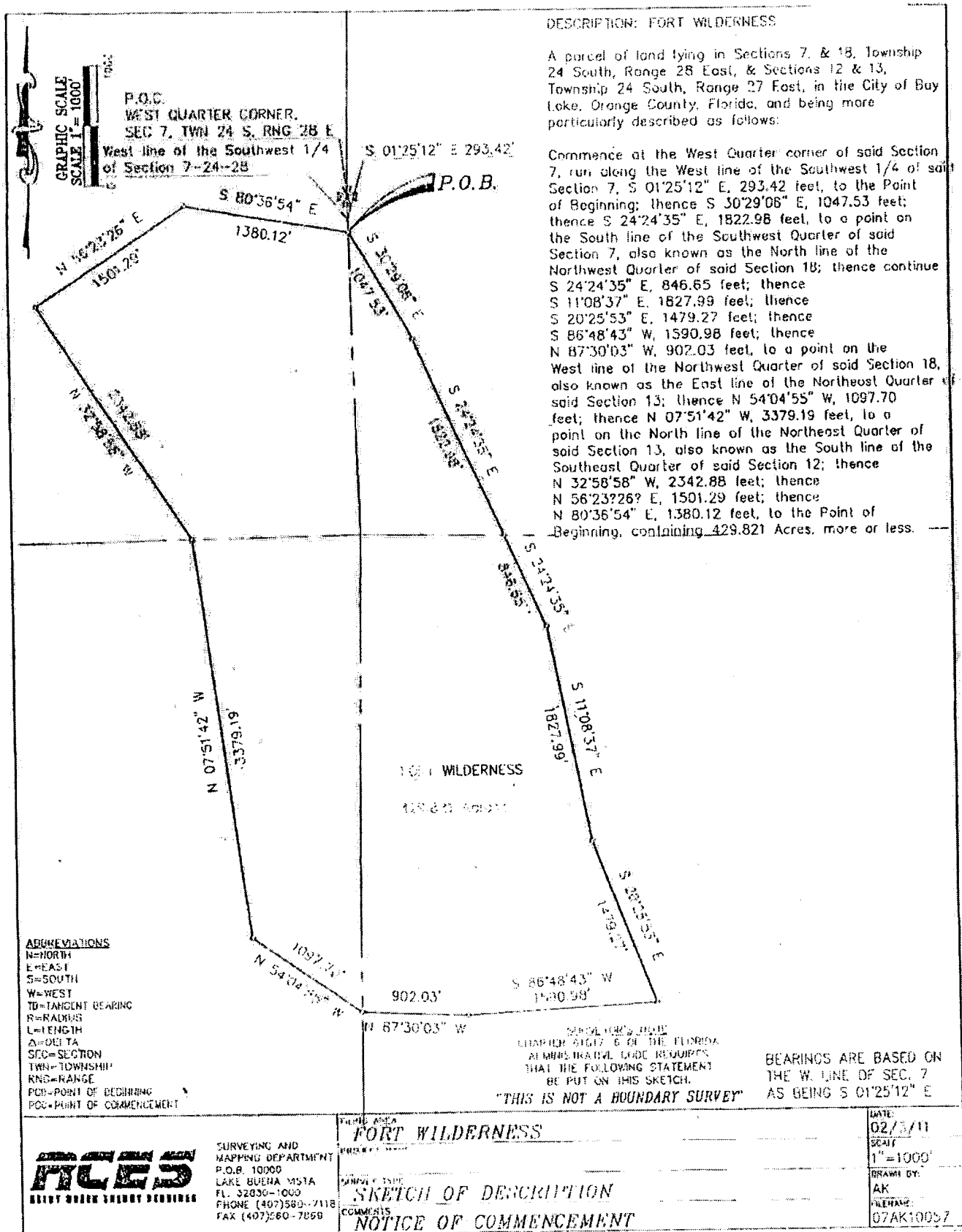
as Authorized Signatory for Walt Disney World Resort
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

[Signature]
Signature of Notary Public - State of Florida

Personally Known OR Produced ID

Type of ID Produced





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

DOCH 20150287878 B: 10931 P: 2377
06/09/2015 12:40:13 PM Page 1 of 2
Rec Fee: \$18.50
Martha O. Haynie, Comptroller
Orange County, FL
MB - Ret To: WALT DISNEY WORLD RESORT



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)
4039026 See Attached
2. **General description of improvement**
Mechanical
3. **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 _____
Address _____
4. **Contractor**
Name Ferran Services & Contracting Inc Telephone Number (407) 422-3551
Address 530 Grand St, Orlando, FL 32805-4795
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 Section 713.13(1)(b), Florida Statutes.**
Name Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631
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 Statutes.**
Name Cory Hann Telephone Number (407) 939-4742
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
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)
10/19/2015

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.

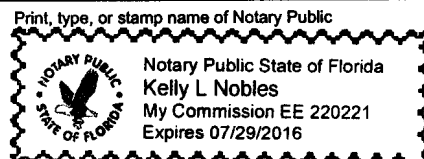
[Signature] Cory E. Hann / PMA / FAM
Signature of Owner or Lessee, or Owner's or Signatory's Printed Name/Title/Office
Lessee's Authorized Officer/Director/Partner/Manager

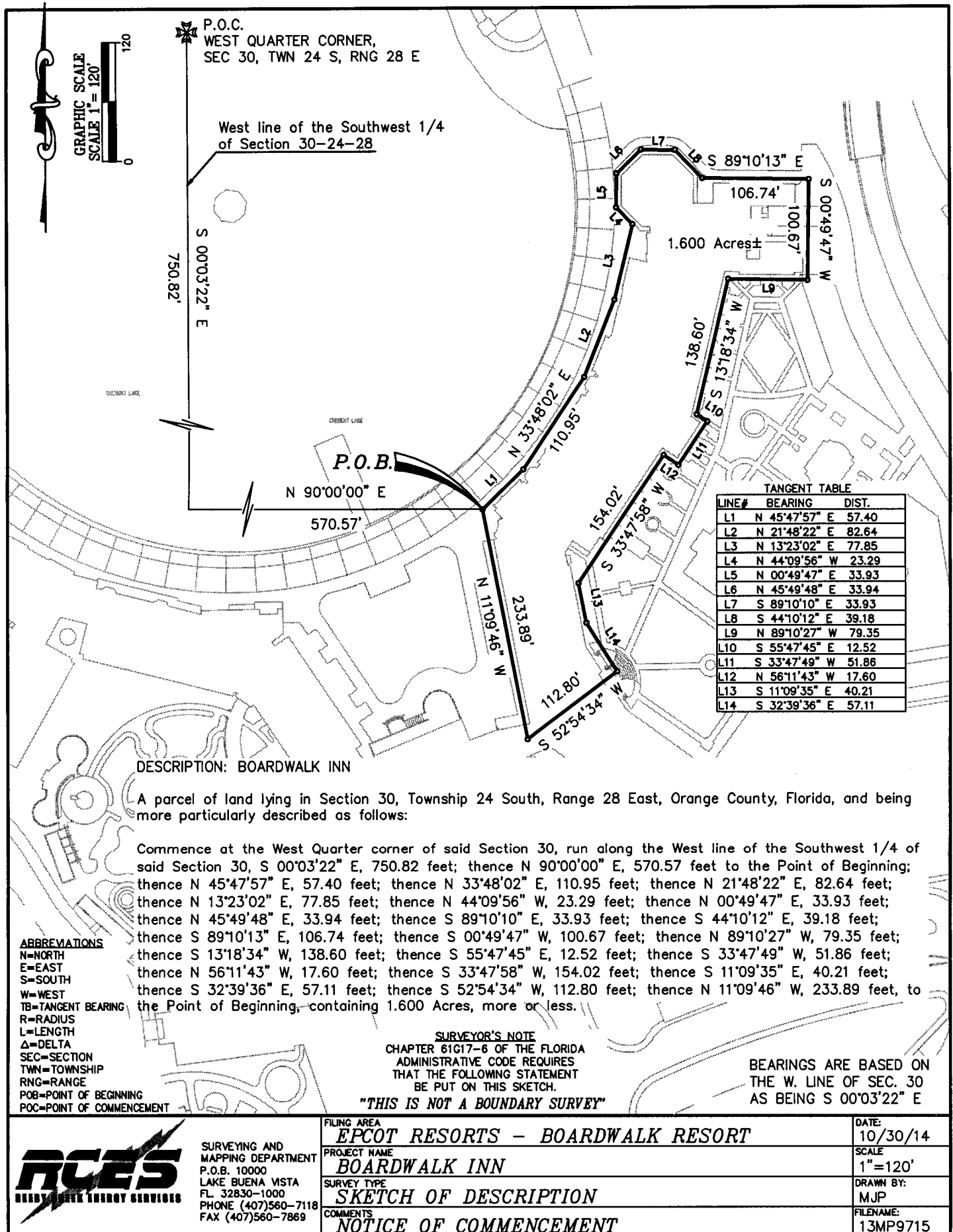
The foregoing instrument was acknowledged before me this 9th day of June 2015, by Cory Hann
month/year

as _____ 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]
Signature of Notary Public - State of Florida

Personally Known X OR Produced ID _____
Type of ID Produced _____





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

DOC# 20150287879 B: 10931 P: 2379
06/09/2015 12:40:13 PM Page 1 of 2
Rec Fee: \$18.50
Martha O. Haynie, Comptroller
Orange County, FL
MB - Ret To: WALT DISNEY WORLD RESORT



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)
4039025 See Attached
2. **General description of improvement**
Mechanical
3. **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 _____
Address _____
4. **Contractor**
Name Celsius Contractors Inc Telephone Number (407) 827-4392
Address P.O. Box 22168, Lake Buena Vista, FL 32830
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 Section 713.13(1)(b), Florida Statutes.**
Name Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631
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 Statutes.**
Name Cory Hann Telephone Number (407) 939-4742
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
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)
10/19/2015

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] Cory E. Hann / PMA / FAM
Signature of Owner or Lessee, or Owner's or Signatory's Printed Name/Title/Office
Lessee's Authorized Officer/Director/Partner/Manager

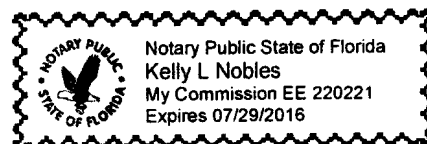
The foregoing instrument was acknowledged before me this 9th day of June 2015, by Cory Hann
month/year

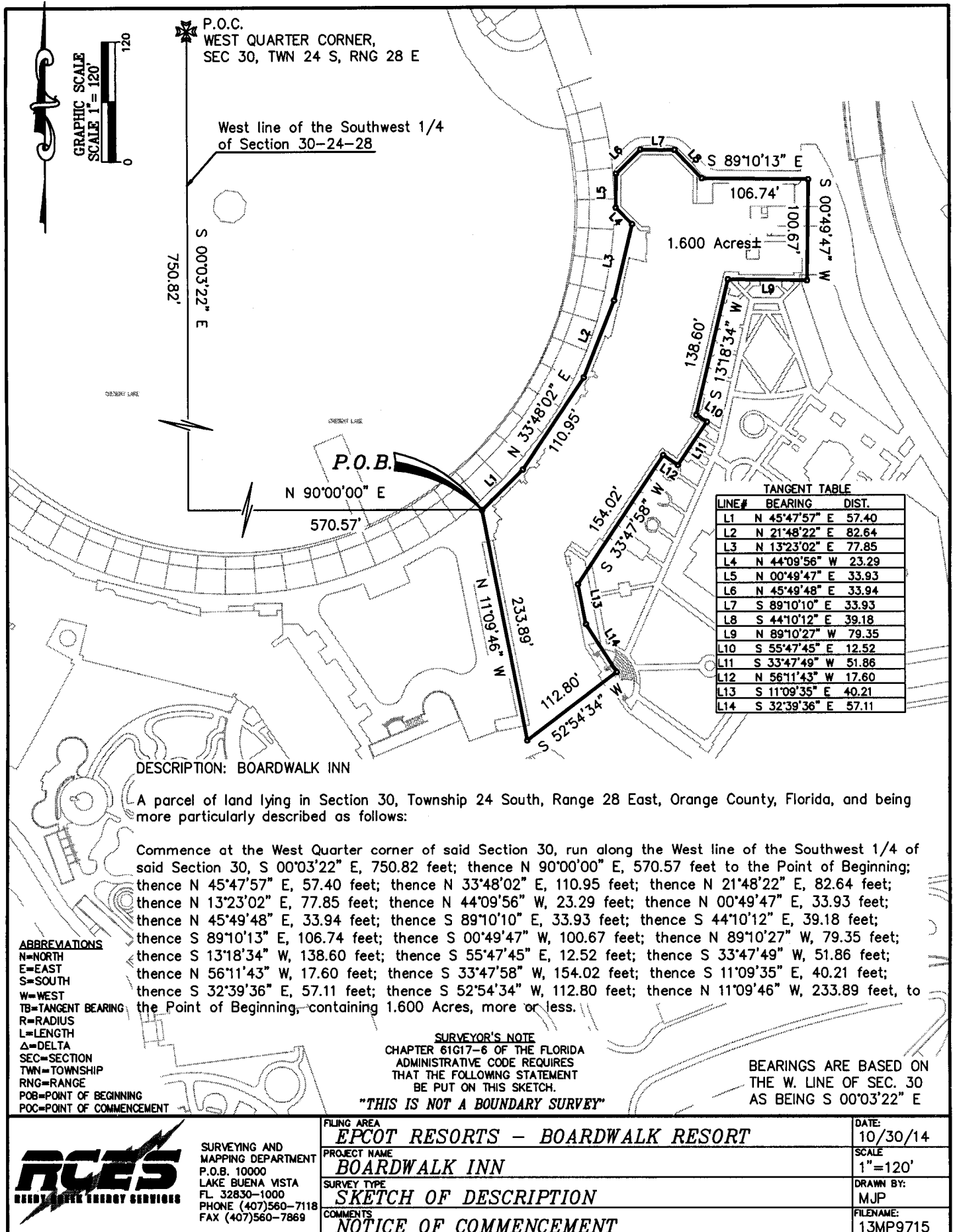
as Authorized Signatory for Walt Disney World Resort
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

[Signature]
Signature of Notary Public - State of Florida

Print, type, or stamp name of Notary Public

Personally Known X OR Produced ID _____
Type of ID Produced _____





Prepared by/record and return to:
Walt Disney World Resort
Attn: Andrew Highsmith
P.O. Box 10000
Lake Buena Vista, FL 32830-1000



Permit No. _____

Tax Folio No. _____

NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvements 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: *see Attached*
2. General description of improvements: *Mechanical*
3. Owner Information:
 - (a) Name and address: Walt Disney World Resort, P.O. Box 10000, Lake Buena Vista, FL 32830
 - (b) Interest in property: Owner
 - (c) Name and address of fee simple titleholder (if other than Owner):
4. (a) Contractor (name and address): Grunau Company/11300 Space Boulevard, Orlando, FL 32837
 - (b) Contractor's phone number: 407/857-1800
5. Surety:
 - (a) Name and address:
 - (b) Phone number:
 - (c) Amount of Bond:
6. (a) Lender (name and address):
 - (b) Lender's phone number:
7. (a) Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13 (1)(a)7., Florida Statutes: (name and address):
Dave Ellis, Sourcing & Procurement Administration, P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
 - (b) Phone numbers of designated persons: (407) 828-3582
8. (a) In addition to himself or herself, Owner designates **Andrew Highsmith** of Disney Hollywood to receive a copy of the **Lienor's Notice** as provided in Section 713.13 (1)(b), Florida Statutes. **DavDa**
 - (b) Phone number of person or entity designated by owner: 407-560-5494
9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified): 06/05/2016

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.

[Signature]
Signature of Owner

(or Owner's Authorized officer/Director/Partner/Manager)

Andrew Highsmith / DHS / mgr
Signatory's Printed Name/Title/Office

The foregoing instrument was acknowledged before me this 5th day of June, 20 15, by Andrew Highsmith as

Authorized Signatory

(Type of authority, e.g., officer, trustee, attorney-in-fact)

[Signature]
Signature of Notary Public - State of Florida

Personally Known ☒ OR Produced ID

Type of ID Produced _____

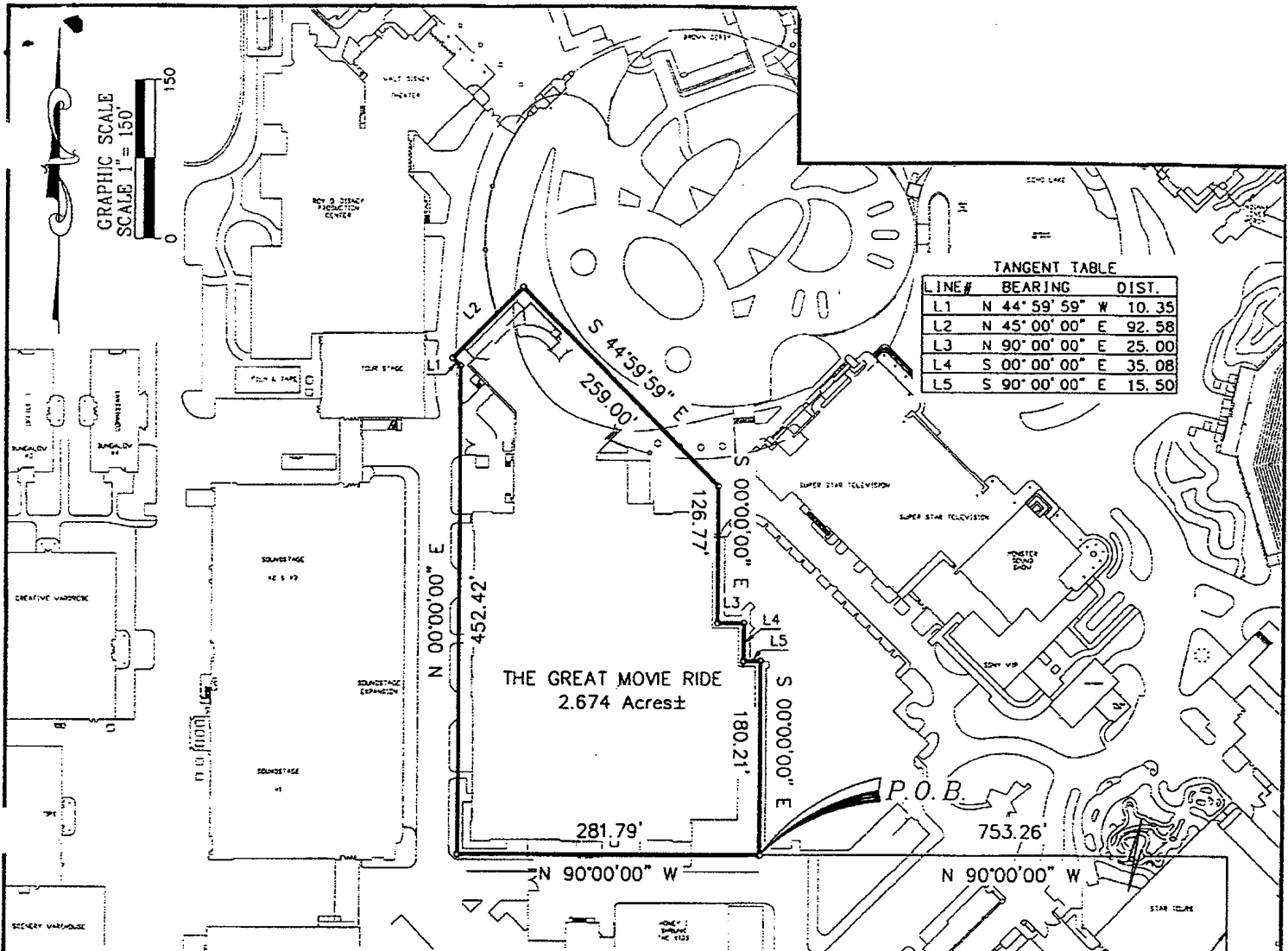
Walt Disney World Resort

(name of party on behalf of whom instrument was executed)



Verification pursuant to Section 92.525, Florida Statutes: Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

[Signature] Signature of Natural Person Signing Above



DESCRIPTION: THE GREAT MOVIE RIDE

A parcel of land lying in Section 36, Township 24 South, Range 27 East, in the City of Bay Lake, Orange County, Florida, and being more particularly described as follows:

Commence at the East Quarter corner of said Section 36, run along the East Line of said Section 36, N 00°01'50" W, 341.61 feet; thence N 90°00'00" W, 753.26 feet to the Point of Beginning; thence N 90°00'00" W, 281.79 feet; thence N 00°00'00" E, 452.42 feet; thence N 44°59'59" W, 10.35 feet; thence N 45°00'00" E, 92.58 feet; thence S 44°59'59" E, 259.00 feet; thence S 00°00'00" E, 126.77 feet; thence N 90°00'00" E, 25.00 feet; thence S 00°00'00" E, 35.08 feet; thence S 90°00'00" E, 15.50 feet; thence S 00°00'00" E, 180.21 feet, to the Point of Beginning, containing 2.674 Acres, more or less.

East Line of the Southeast 1/4 of Section 36-24-27

P.O.C.
EAST QUARTER CORNER,
SEC 36, TWN 24 S, RNG 27 E

ABBREVIATIONS

N=NORTH
E=EAST
S=SOUTH
W=WEST
TB=TANGENT BEARING
R=RADIUS
L=LENGTH
Δ=DELTA
SEC=SECTION
TWN=TOWNSHIP
RNG=RANGE
P.O.B.=POINT OF BEGINNING
P.O.C.=POINT OF COMMENCEMENT

SURVEYOR'S NOTE
CHAPTER 61G17-6 OF THE FLORIDA
ADMINISTRATIVE CODE REQUIRES
THAT THE FOLLOWING STATEMENT
BE PUT ON THIS SKETCH.

"THIS IS NOT A BOUNDARY SURVEY"

BEARINGS ARE BASED ON
THE E. LINE OF SEC. 36
AS BEING N 00°01'50" W



**REEDY CREEK
ENERGY SERVICES, INC.**
Survey Department

P.O. BOX 10000, Lake Buena Vista, Florida 32830-1000
Telephone (407) 824-4952 Facsimile (407) 934-7297

PROJECT AREA
STUDIO TOUR
UNIT NAME
GREAT MOVIE RIDE
SHEET TITLE
NOTICE OF COMMENCEMENT
COMMENTS

DATE
12/20/96
SCALE
1"=100'
DRAWN BY:
MJP
FILENAME:
12MP9620

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

DOCH 20150287881 B: 10931 P: 2383
06/09/2015 12:40:13 PM Page 1 of 2
Rec Fee: \$18.50
Martha O. Haynie, Comptroller
Orange County, FL
MB - Ret To: WALT DISNEY WORLD RESORT



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)
4038923 See Attached
2. **General description of improvement**
general construction
3. **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 _____
Address _____
4. **Contractor**
Name CEC General Contractors Inc Telephone Number 407-938-0177
Address PO Box 22621, Lake Buena Vista, FL 32830
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 Section 713.13(1)(b), Florida Statutes.**
Name Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631
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 Statutes.**
Name Terry Stofflet Telephone Number (407)828-3137
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
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.

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

Terry Stofflet/Sr. Planner/FAM
Signatory's Printed Name/Title/Office

The foregoing instrument was acknowledged before me this 9th day of June 2015 by Terry Stofflet
month/year

as _____ Authorized Signatory _____
Type of authority, e.g., officer, trustee, attorney in fact

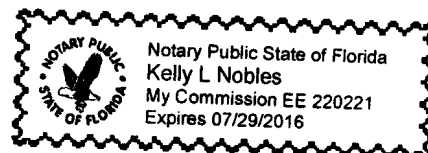
for Walt Disney World Resort
Name of party on behalf of whom instrument was executed

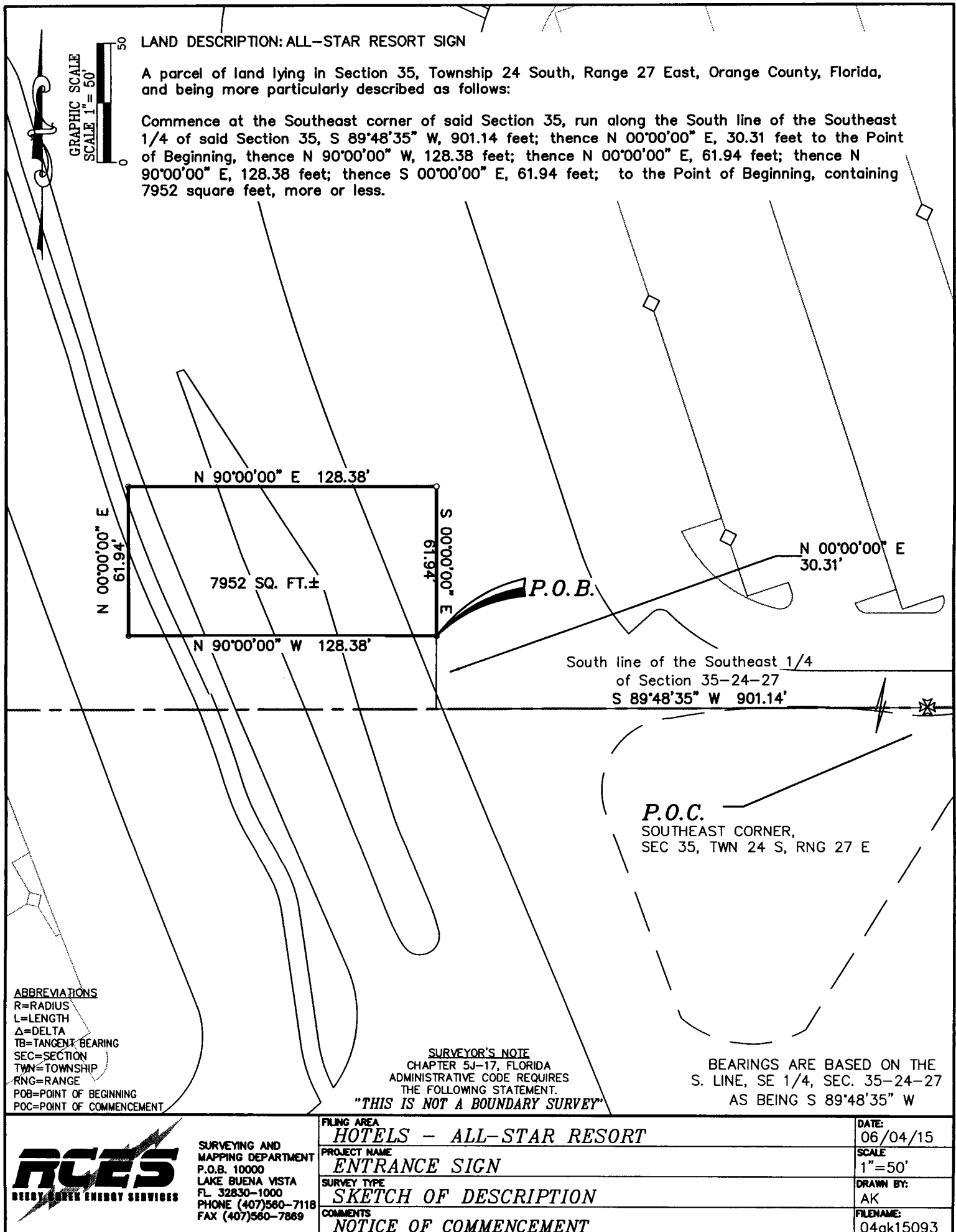

Signature of Notary Public - State of Florida

Print, type, or stamp name of Notary Public

Personally Known ☒ OR Produced ID _____

Type of ID Produced _____





Permit Number: _____
Folio/Parcel ID #: 28-24-28-0000-00-015
Prepared by: S. Bouck

Return to: TWC Services Inc
150 Maritime Dr
Sanford, FL 32771

DOCH 20150292919 B: 10932 P: 6449
06/11/2015 10:44:21 AM Page 1 of 1
Rec Fee: \$10.00
Martha O. Haynie, Comptroller
Orange County, FL
MB - Ret To: TWC SERVICES INC



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)
FROM NE COR OF SEC RUN S 810.379 FT S 1751 Hotel Plaza Blvd
2. **General description of improvement**
Replacement of existing a/c unit for elevator room
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
Name Walt Disney Parks abd Resorts US Inc c/o Hlt Property Acquistuion LLC
Address Attn: Hilton Worldwide Inc 7930 Jones Branch Rd. Mclean, VA 22102-3388
Interest in Property _____
Name and address of fee simple titleholder (if different from Owner listed above)
Name N/A
Address _____
4. **Contractor**
Name TWC Services Inc Telephone Number 407-695-6700
Address 150 Maritime Dr. Sanford, FL 32771
5. **Surety** (if applicable, a copy of the payment bond is attached)
Name N/A Telephone Number _____
Address _____ Amount of Bond \$ _____
6. **Lender**
Name N/A 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 _____ Telephone Number _____
Address _____
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 _____ Telephone Number _____
Address _____
9. **Expiration date of notice of commencement** (the expiration date 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.

[Signature]
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

Resident Manager
Signatory's Title/Office

The foregoing instrument was acknowledged before me this 20 day of SLIS by Brian Evans
as Owner Representative for Hilton Orlando Lake Buena Vista
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

[Signature]
Signature of Notary Public - State of Florida

Yesenia Jarquin
Print, type, or stamp commissioned name of Notary Public

Personally Known ☒ OR Produced ID _____
Type of ID Produced _____



YESENIA JARQUIN
NOTARY PUBLIC
STATE OF FLORIDA
Comm# EE871415
Expires 2/4/2017

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

DOCH 20150293417 B: 10932 P: 7642
06/11/2015 12:24:08 PM Page 1 of 3
Rec Fee: \$27.00
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 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)
See Attached
2. **General description of improvement**
Roofing
3. **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 _____
Address _____
4. **Contractor**
Name Shield Coatings & Weatherproofing Telephone Number (407) 827-4348
Address P.O. Box 22582, Lake Buena Vista, FL 32830
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 Section 713.13(1)(b), Florida Statutes.**
Name Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631
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 Statutes.**
Name Anne Buchele Telephone Number 407-828-2165
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
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)
10/30/2015

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.

Anne Buchele

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

ANNE EM BUCHELE / PLANNER

Signatory's Printed Name/Title/Office

The foregoing instrument was acknowledged before me this 10th day of June 2015 by Anne Em Buchele
month/year

as _____ Authorized Signatory _____
Type of authority, e.g., officer, trustee, attorney in fact

for _____ Walt Disney World Resort
Name of party on behalf of whom instrument was executed

Bonnie L Craig
Signature of Notary Public - State of Florida

Personally Known X OR Produced ID _____

Type of ID Produced _____

Print, type, or stamp name of Notary Public

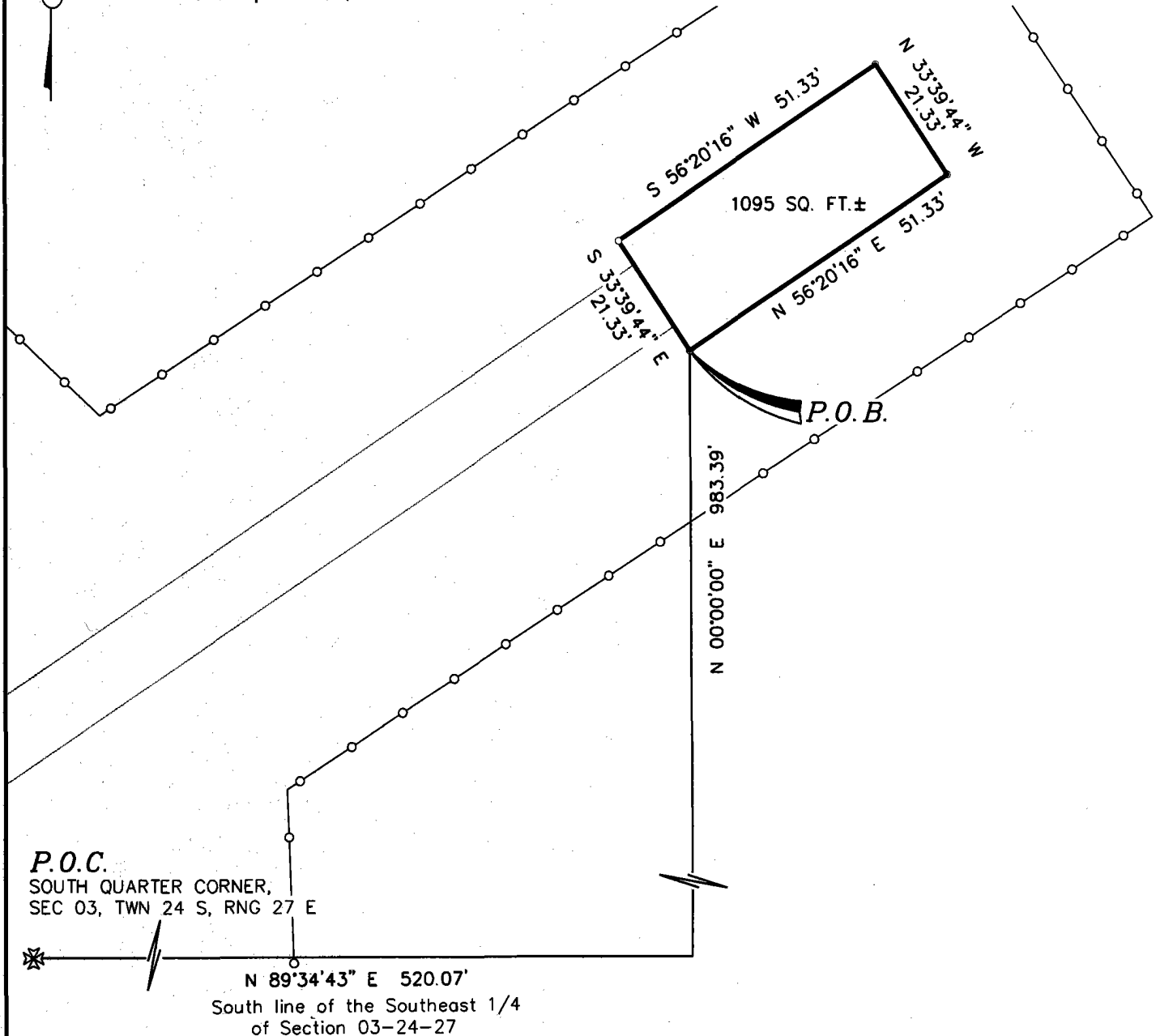


LAND DESCRIPTION: ROOF REPAIRS

A parcel of land lying in Section 03, Township 24 South, Range 27 East, Orange County, Florida, and being more particularly described as follows:

Commence at the South Quarter corner of said Section 03, run along the South line of the Southeast 1/4 of said Section 03, N 89°34'43" E, 520.07 feet; thence N 00°00'00" E, 983.39 feet to the Point of Beginning, thence N 56°20'16" E, 51.33 feet; thence N 33°39'44" W, 21.33 feet; thence S 56°20'16" W, 51.33 feet; thence S 33°39'44" E, 21.33 feet; to the Point of Beginning, containing 1095 square feet, more or less.

GRAPHIC SCALE
SCALE 1" = 25'



P.O.C.
SOUTH QUARTER CORNER,
SEC 03, TWN 24 S, RNG 27 E

N 89°34'43" E 520.07'

South line of the Southeast 1/4
of Section 03-24-27

ABBREVIATIONS

R=RADIUS
L=LENGTH
Δ=DELTA
TB=TANGENT BEARING
SEC=SECTION
TWN=TOWNSHIP
RNG=RANGE
POB=POINT OF BEGINNING
POC=POINT OF COMMENCEMENT

SURVEYOR'S NOTE
CHAPTER 5J-17, FLORIDA
ADMINISTRATIVE CODE REQUIRES
THE FOLLOWING STATEMENT.

"THIS IS NOT A BOUNDARY SURVEY"

BEARINGS ARE BASED ON THE
S. LINE, SE 1/4, SEC. 03-24-27
AS BEING N 89°34'43" E



SURVEYING AND
MAPPING DEPARTMENT
P.O.B. 10000
LAKE BUENA VISTA
FL. 32830-1000
PHONE (407)560-7118
FAX (407)560-7869

FILING AREA

OVERALL

PROJECT NAME

ROOF REPAIRS

SURVEY TYPE

SKETCH OF DESCRIPTION

COMMENTS

NOTICE OF COMMENCEMENT

DATE:

06/10/15

SCALE

1"=25'

DRAWN BY:

AK

FILENAME:

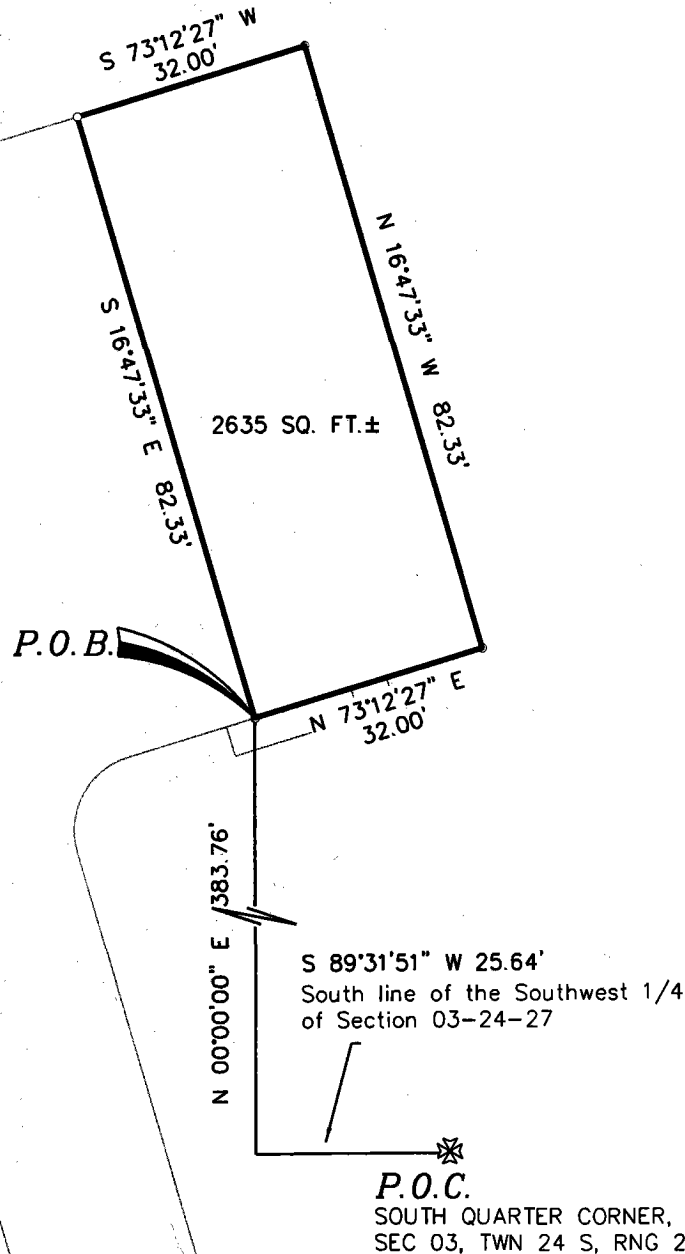
10AK15096

GRAPHIC SCALE
SCALE 1" = 25'

LAND DESCRIPTION: ROOF REPAIRS

A parcel of land lying in Section 03, Township 24 South, Range 27 East, Orange County, Florida, and being more particularly described as follows:

Commence at the South Quarter corner of said Section 03, run along the South line of the Southwest 1/4 of said Section 03, S 89°31'51" W, 25.64 feet; thence N 00°00'00" E, 383.76 feet to the Point of Beginning, thence N 73°12'27" E, 32.00 feet; thence N 16°47'33" W, 82.33 feet; thence S 73°12'27" W, 32.00 feet; thence S 16°47'33" E, 82.33 feet; to the Point of Beginning, containing 2635 square feet, more or less.




ABBREVIATIONS

R=RADIUS
L=LENGTH
Δ=DELTA
TB=TANGENT BEARING
SEC=SECTION
TWN=TOWNSHIP
RNG=RANGE
POB=POINT OF BEGINNING
POC=POINT OF COMMENCEMENT

SURVEYOR'S NOTE
CHAPTER 5J-17, FLORIDA
ADMINISTRATIVE CODE REQUIRES
THE FOLLOWING STATEMENT.

"THIS IS NOT A BOUNDARY SURVEY"

BEARINGS ARE BASED ON THE
S. LINE, SW 1/4, SEC. 03-24-27
AS BEING S 89°31'51" W

	FILING AREA OVERALL		DATE: 06/10/15
	PROJECT NAME ROOF REPAIRS		SCALE 1"=25'
	SURVEY TYPE SKETCH OF DESCRIPTION		DRAWN BY: AK
	COMMENTS NOTICE OF COMMENCEMENT		FILENAME: 10ak15095
	SURVEYING AND MAPPING DEPARTMENT P.O.B. 10000 LAKE BUENA VISTA FL 32830-1000 PHONE (407)560-7118 FAX (407)560-7869		

Permit Number:
Folio/Parcel Identification Number:
Prepared by and Return to:
Walt Disney World Resort - FAM
Attn: Chris Dickman
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.

1. **Description of property** (legal description of the property, and street address if available)
See Attached
2. **General description of improvement**
Staging
3. **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 _____
Address _____
4. **Contractor**
Name Interamerica Stage Inc Telephone Number 407-302-0881
Address 4300 John's Parkway, Sanford, FL 32771
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 Section 713.13(1)(b), Florida Statutes.**
Name Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631
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 Statutes.**
Name Chris Dickman Telephone Number (407)828-1277
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
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)
07/31/2015

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.

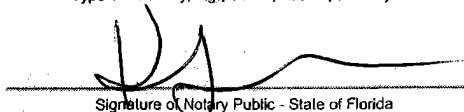

Signature of Owner or Lessee, or Owner's or
Lessee's Authorized Officer/Director/Partner/Manager

Chris Dickman / Senior Planner / WDW FAM
Signatory's Printed Name/Title/Office

The foregoing instrument was acknowledged before me this 11th day of June 2015 by Chris Dickman
month/year

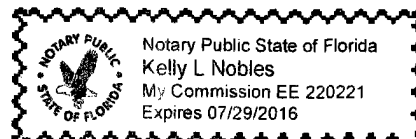
as _____ Authorized Signatory
Type of authority, e.g., officer, trustee, attorney in fact

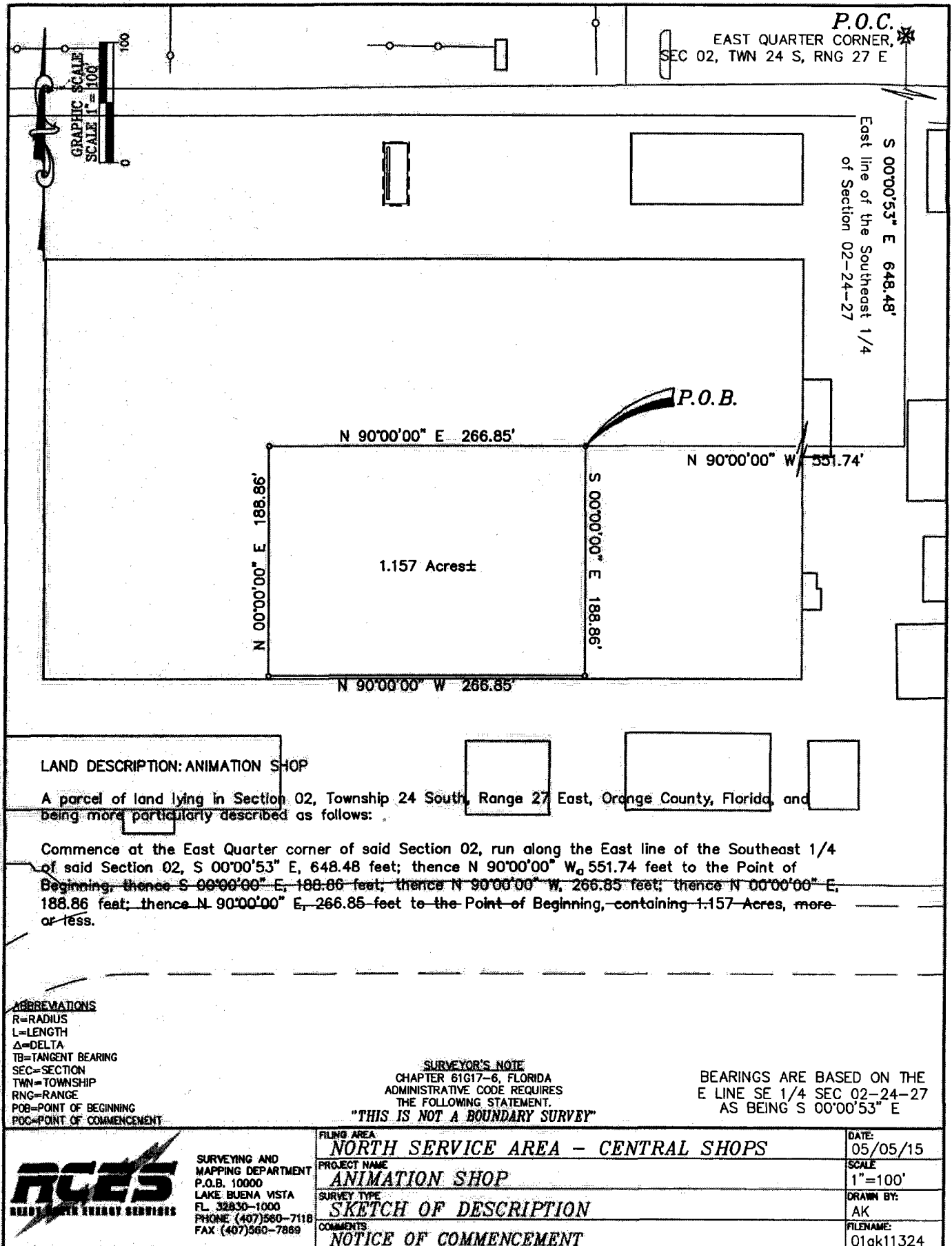
for _____ Walt Disney World Resort
Name of party on behalf of whom instrument was executed


Signature of Notary Public - State of Florida

Print, type, or stamp name of Notary Public

Personally Known ☒ OR Produced ID _____
Type of ID Produced _____





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

DOCH 20150293420 B: 10932 P: 7649
06/11/2015 12:24:08 PM Page 1 of 2
Rec Fee: \$18.50
Martha O. Haynie, Comptroller
Orange County, FL
MB - Ret To: WALT DISNEY WORLD CO FACI



NOTICE OF COMMENCEMENT

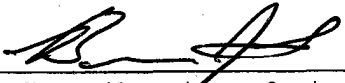
State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida 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)
See Attached Legal Description
2. **General description of improvement**
Mechanical
3. **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 _____
Address _____
4. **Contractor**
Name Hobart Corporation Telephone Number 407-856-4000
Address 9777-100 SATELLITE BLVD, ORLANDO, FL 32837
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 Section 713.13(1)(b), Florida Statutes.**
Name Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631
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 Statutes.**
Name Brian Crain Telephone Number (407)934-7572
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
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)
09/25/2015

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.

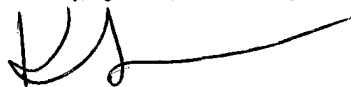
Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.


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

Brian J. Crain, PMA/FAM
Signatory's Printed Name/Title/Office

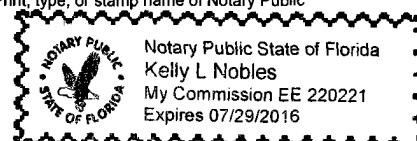
The foregoing instrument was acknowledged before me this 11th day of June 2015, by Brian Crain
month/year

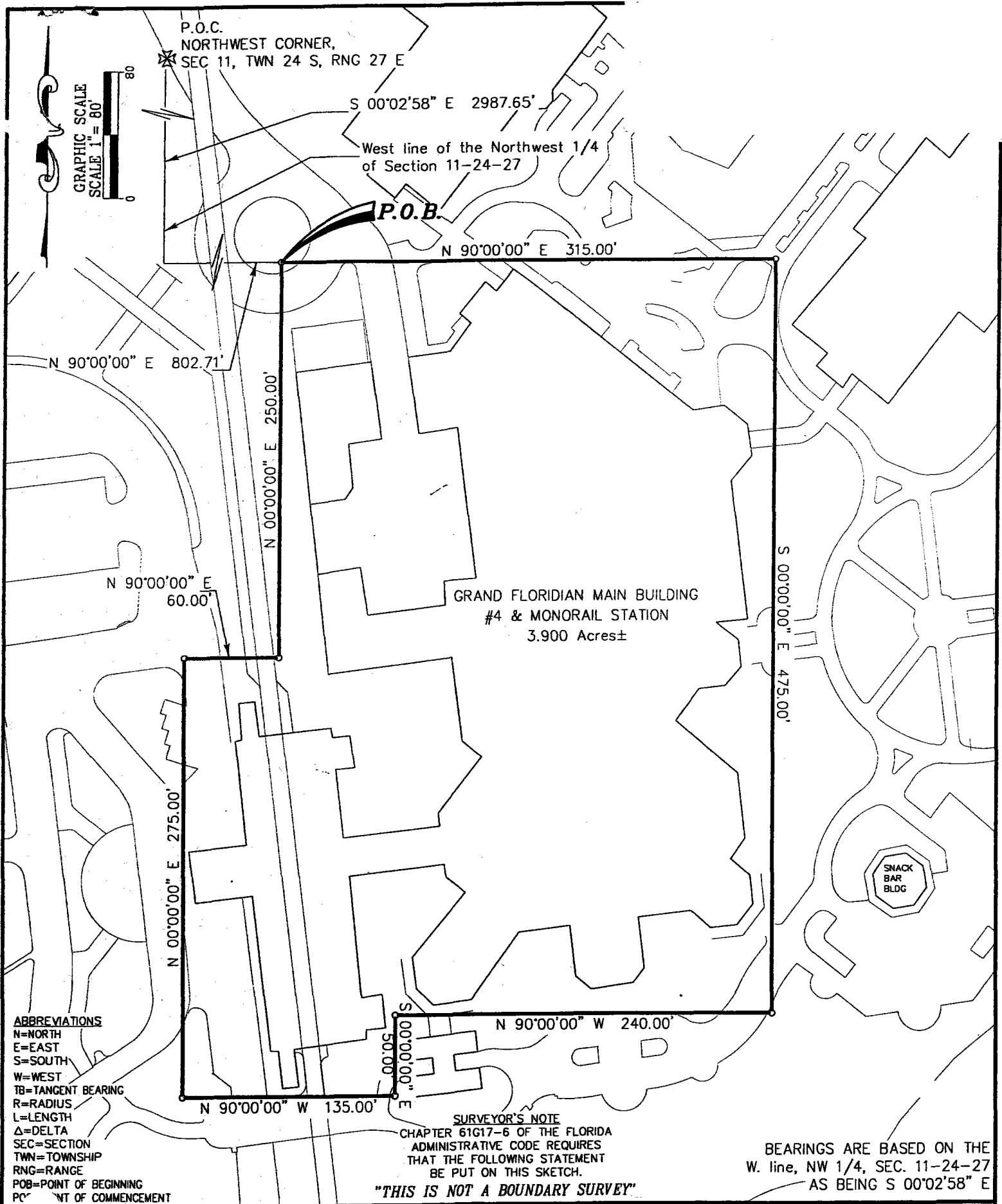
as _____ Authorized Signatory _____ for _____ Walt Disney World Resort
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed


Signature of Notary Public - State of Florida

Personally Known ☒ OR Produced ID _____
Type of ID Produced _____

Print, type, or stamp name of Notary Public





**REEDY CREEK
ENERGY SERVICES, INC.**
SURVEY AND MAPPING DEPARTMENT
P.O.B. 10000, LAKE BUENA VISTA, FL 32830-1000
TELEPHONE (407)828-2506 FAX (407)828-2260

PROJECT AREA	HOTELS - GRAND FLORIDIAN	DATE:	03/29/99
UNIT NAME	MAIN BUILDING #4 & MONORAIL STATION	SCALE	1" = 80'
SHEET TITLE	SKETCH OF DESCRIPTION	DRAWN BY:	JKL
COMMENTS	NOTICE OF COMMENCEMENT	FILENAME:	04JL9917

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

DOCH 20150293421 B: 10932 P: 7651
06/11/2015 12:24:08 PM Page 1 of 2
Rec Fee: \$18.50
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 Statutes, the following information is provided in this Notice of Commencement.

- Description of property** (legal description of the property, and street address if available)
See Attached Legal Description
- General description of improvement**
Flooring
- 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 _____
Address _____
- Contractor**
Name Premus of Orlando Inc Telephone Number (407) 905-2991
Address 16403 Myers Court, Clermont, FL 34711
- Surety** (if applicable, a copy of the payment bond is attached)
Name _____ Telephone Number _____
Address _____ Amount of Bond \$ _____
- Lender**
Name _____ Telephone Number _____
Address _____
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**
Name Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631
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 Brian Crain Telephone Number (407)934-7572
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)
08/28/2015

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.



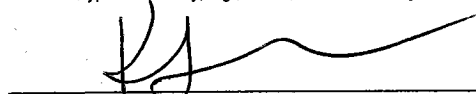
Signature of Owner or Lessee, or Owner's or
Lessee's Authorized Officer/Director/Partner/Manager

Brian J. Crain, PMA/FAM

Signatory's Printed Name/Title/Office

The foregoing instrument was acknowledged before me this 11TH day of June 2015 by Brian Crain
month/year

as _____ 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

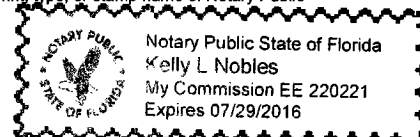


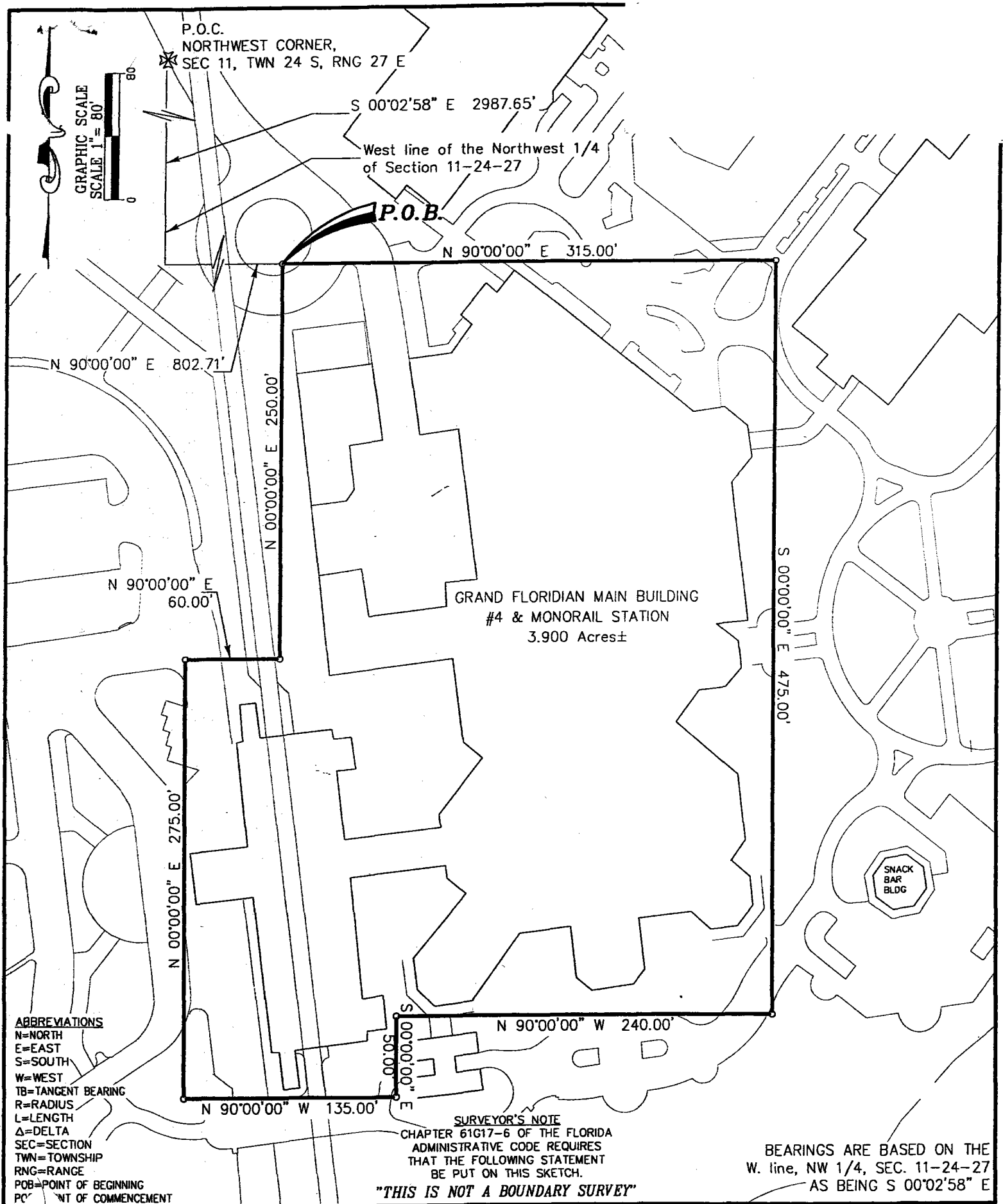
Signature of Notary Public - State of Florida

Print, type, or stamp name of Notary Public

Personally Known X OR Produced ID _____

Type of ID Produced _____





**REEDY CREEK
ENERGY SERVICES, INC.**
SURVEY AND MAPPING DEPARTMENT
P.O.B. 10000, LAKE BUENA VISTA, FL 32830-1000
TELEPHONE (407)828-2506 FAX (407)828-2260

PROJECT AREA
HOTELS - GRAND FLORIDIAN

UNIT NAME
MAIN BUILDING #4 & MONORAIL STATION

SHEET TITLE
SKETCH OF DESCRIPTION

COMMENTS
NOTICE OF COMMENCEMENT

DATE:
03/29/99

SCALE
1" = 80'

DRAWN BY:
JKL

FILENAME:
04JL9917

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

4039339

DOCH 20150293422 B: 10932 P: 7653
06/11/2015 12:24:08 PM Page 1 of 2
Rec Fee: \$18.50
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 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)
See Attached Legal Description
2. **General description of improvement**
Electrical
3. **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 _____
Address _____
4. **Contractor**
Name Maddox Electric Co Inc DBA ERMCO of Telephone Number (407) 934-8084
Address P.O. Box 22164, Lake Buena Vista, FL 32830
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 Section 713.13(1)(b), Florida Statutes.**
Name Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631
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 Statutes.**
Name Brian Crain Telephone Number (407)934-7572
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
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)
08/28/2015

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

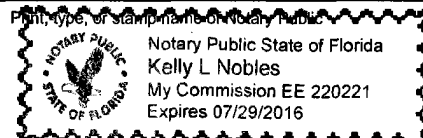
Brian J. Crain PMA/FAM
Signatory's Printed Name/Title/Office

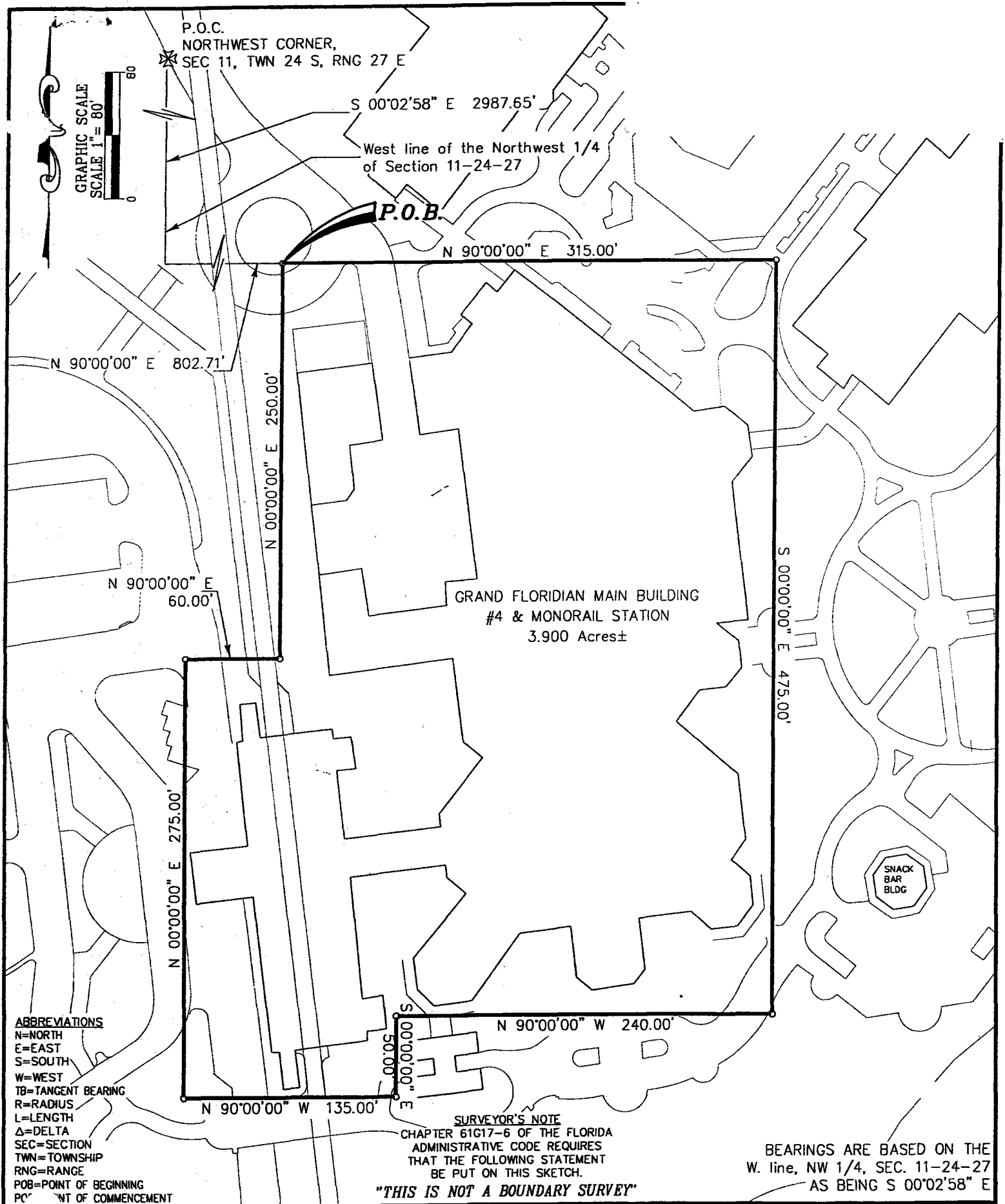
The foregoing instrument was acknowledged before me this 11th day of June 2015 by Brian Crain
month/year

as 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]
Signature of Notary Public - State of Florida

Personally Known ☒ OR Produced ID ☐
Type of ID Produced _____





**REEDY CREEK
ENERGY SERVICES, INC.**

SURVEY AND MAPPING DEPARTMENT
P.O.B. 10000, LAKE BUENA VISTA, FL 32830-1000
TELEPHONE (407)828-2506 FAX (407)828-2260

PROJECT AREA	HOTELS - GRAND FLORIDIAN
UNIT NAME	MAIN BUILDING #4 & MONORAIL STATION
SHEET TITLE	SKETCH OF DESCRIPTION
COMMENTS	NOTICE OF COMMENCEMENT

DATE:	03/29/99
SCALE	1" = 80'
DRAWN BY:	JKL
FILENAME:	04JL9917

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

4039337

DOCH 20150293423 B: 10932 P: 7655
06/11/2015 12:24:08 PM Page 1 of 2
Rec Fee: \$18.50
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 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)
See Attached Legal Description
2. **General description of improvement**
Contractor General Conditions
3. **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 _____
Address _____
4. **Contractor**
Name Bruns Inc Telephone Number 407-827-4338
Address PO Box 981, Winderemere, FL 34786
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 Section 713.13(1)(b), Florida Statutes.**
Name Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631
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 Statutes.**
Name Brian Crain Telephone Number (407)934-7572
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
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)
09/25/2015

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.

Brian J. Crain, PMA/FAM
Signature of Owner or Lessee, or Owner's or
Lessee's Authorized Officer/Director/Partner/Manager

Signatory's Printed Name/Title/Office

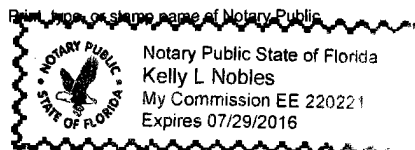
The foregoing instrument was acknowledged before me this 11th day of June, 2015, by Brian Crain
month/year

as 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]
Signature of Notary Public - State of Florida

Personally Known X OR Produced ID _____

Type of ID Produced _____



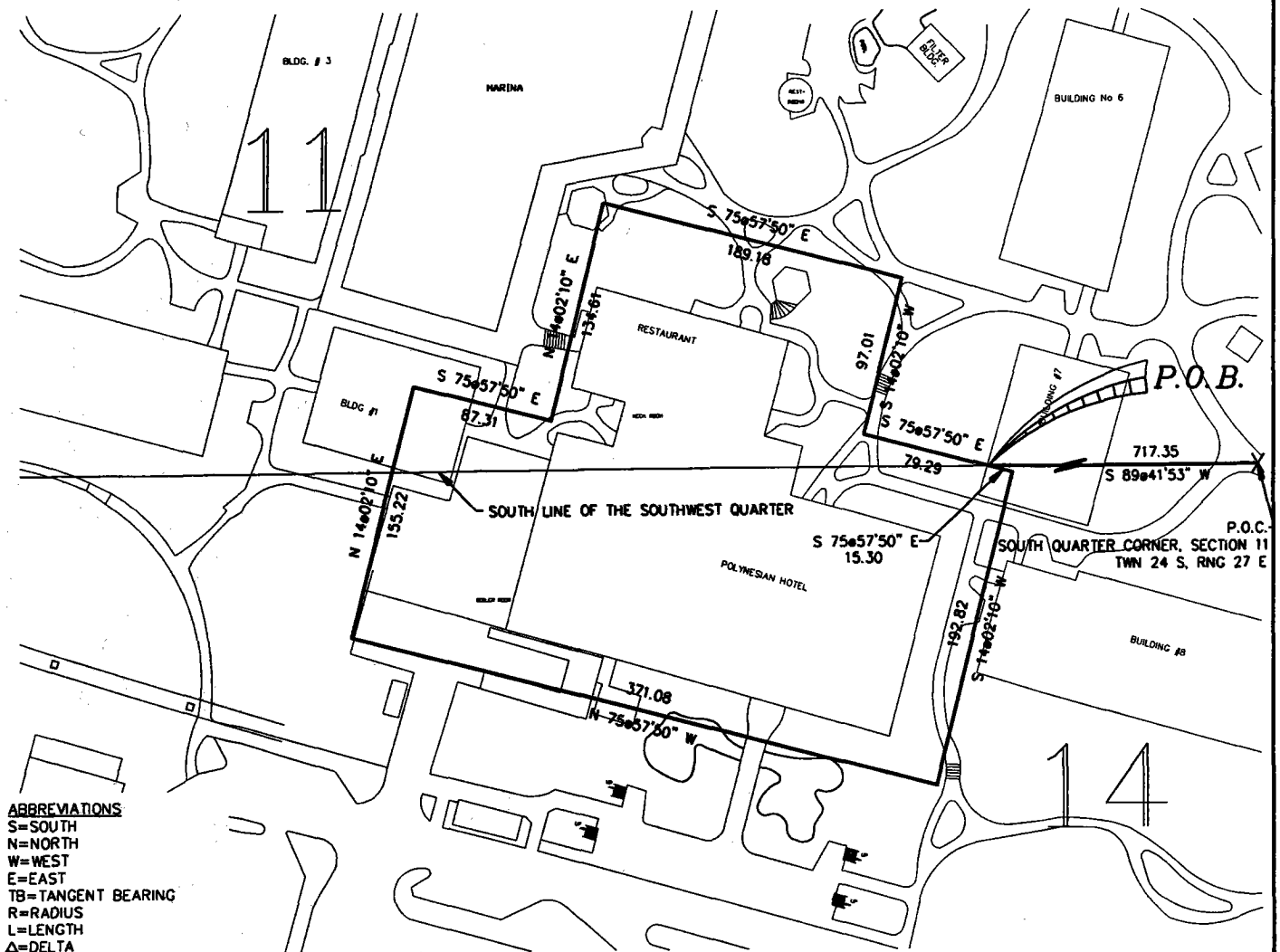
DESCRIPTION

A parcel of land lying in Sections 11 and 14, Township 24 South, Range 27 East, in the City of Bay Lake, Orange County, Florida, and being more particularly described as follows:

Commence at the South Quarter corner of said Section 11, run along the South Line of the Southwest 1/4 of said Section, S 89°41'53" W, 717.35 feet, to the Point of Beginning; thence S 75°57'50" E, 15.30 feet; thence S 14°02'10" W, 192.82 feet; thence N 75°57'50" W, 371.08 feet; thence N 14°02'10" E, 155.22 feet; thence S 75°57'50" E, 87.31 feet; thence N 14°02'10" E, 134.61 feet; thence S 75°57'50" E, 189.18 feet; thence S 14°02'10" W, 97.01 feet; thence S 75°57'50" E, 79.29 feet, to the Point of Beginning, containing 1.989 acres more or less.

GRAPHIC SCALE
SCALE 1" = 100'

0 100'

**ABBREVIATIONS**

S=SOUTH
N=NORTH
W=WEST
E=EAST
TB=TANGENT BEARING
R=RADIUS
L=LENGTH
Δ=DELTA
RNG=RANGE
TWN=TOWNSHIP
POB=POINT OF BEGINNING
POC=POINT OF COMMENCEMENT
°=DEGREES
'=MINUTES
\"=SECONDS

SURVEYOR'S NOTE

CHAPTER 61C17-6 OF THE FLORIDA
ADMINISTRATIVE CODE REQUIRES
THAT THE FOLLOWING STATEMENT
BE PUT ON THIS SKETCH.

"THIS IS NOT A SURVEY"

BEARINGS ARE BASED ON
THE SOUTH LINE OF SECTION
11 AS BEING S 89°41'53" W



SURVEYING AND
MAPPING DEPARTMENT
P.O.B. 10000
LAKE BUENA VISTA
FL 32830-1000
PHONE (407)560-7118
FAX (407)560-7869

FILING AREA

HOTELS - POLYNESIAN

PROJECT NAME

GREAT CEREMONIAL HOUSE

SURVEY TYPE

SKETCH OF DESCRIPTION

COMMENTS

NOTICE OF COMMENCEMENT

DATE:

08/23/13

SCALE

1"=100'

DRAWN BY:

qk

FILENAME:

04AK10392

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

DOCH 20150293424 B: 10932 P: 7657
06/11/2015 12:24:08 PM Page 1 of 2
Rec Fee: \$18.50
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 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)
4034609 See Attached
2. **General description of improvement**
Mechanical
3. **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 _____
Address _____
4. **Contractor**
Name Page Piping Inc Telephone Number (407) 828-0175
Address P.O. Box 22180, Lake Buena Vista, FL 32830
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 Section 713.13(1)(b), Florida Statutes.**
Name Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631
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 Statutes.**
Name Elery Borton Telephone Number (407)934-7255
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
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)

08/31/2015

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.

Elery Borton

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

Elery G. Borton PMA FAM

Signatory's Printed Name/Title/Office

The foregoing instrument was acknowledged before me this 11th day of June 2015 by Elery Borton

month/year

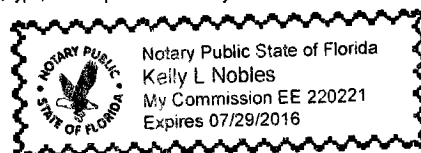
as Authorized Signatory for Walt Disney World Resort
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

[Signature]
Signature of Notary Public - State of Florida

Print, type, or stamp name of Notary Public

Personally Known X OR Produced ID _____

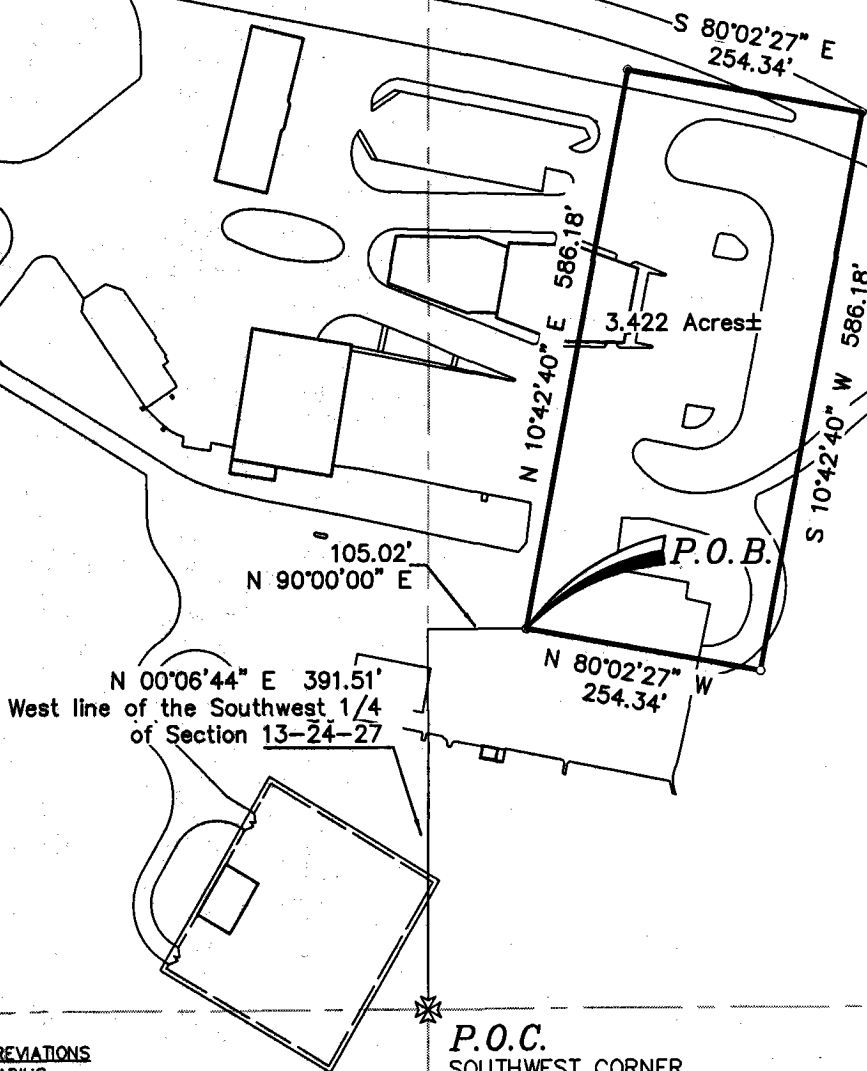
Type of ID Produced _____



LAND DESCRIPTION: WATER MAIN EXTENSION

A parcel of land lying in Section 13, Township 24 South, Range 27 East, Orange County, Florida, and being more particularly described as follows:

Commence at the Southwest corner of said Section 13, run along the West line of the Southwest 1/4 of said Section 13, N 00°06'44" E, 391.51 feet; thence N 90°00'00" E, 105.02 feet to the Point of Beginning, thence N 10°42'40" E, 586.18 feet; thence S 80°02'27" E, 254.34 feet; thence S 10°42'40" W, 586.18 feet; thence N 80°02'27" W, 254.34 feet; to the Point of Beginning, containing 3.422 Acres, more or less.



ABBREVIATIONS

R=RADIUS
L=LENGTH
Δ=DELTA
TB=TANGENT BEARING
SEC=SECTION
TWN=TOWNSHIP
RNG=RANGE
POB=POINT OF BEGINNING
POC=POINT OF COMMENCEMENT

P.O.C.

SOUTHWEST CORNER,
SEC 13, TWN 24 S, RNG 27 E

SURVEYOR'S NOTE
CHAPTER 5J-17, FLORIDA
ADMINISTRATIVE CODE REQUIRES
THE FOLLOWING STATEMENT.

"THIS IS NOT A BOUNDARY SURVEY"

BEARINGS ARE BASED ON THE
W. LINE, SW 1/4, SEC. 13-24-27
AS BEING N 00°06'44" E



SURVEYING AND
MAPPING DEPARTMENT
P.O.B. 10000
LAKE BUENA VISTA
FL 32830-1000
PHONE (407)560-7118
FAX (407)560-7869

FILING AREA	MAIN ENTRANCE - CAR CARE
PROJECT NAME	WATER MAIN EXTENSION
SURVEY TYPE	SKETCH OF DESCRIPTION
COMMENTS	NOTICE OF COMMENCEMENT

DATE:	06/10/15
SCALE	1"=200'
DRAWN BY:	AK
FILENAME:	06ak15094