



ANGELA VICK
CLERK OF THE CIRCUIT COURT AND COMPTROLLER
CITRUS COUNTY, FLORIDA

Clerk of the County Court
Recorder of Deeds
Clerk and Accountant of the Board of County
Commissioners
Custodian of County Funds
County Auditor

110 North Apopka Ave
Inverness, FL 34450
Telephone: (352) 341-6478
Fax: (352) 341-6477
TaxDeeds@citrusclerk.org
www.citrusclerk.org

APPLICATION NO: 2024-0383TD

NOTICE OF SURPLUS FUNDS FROM TAX DEED SALE

Date: 10/22/2024

Certificate #: 22-2884

DESCRIPTION OF PROPERTY:

CITRUS SPGS UNIT 27 PB 9 PG 54 LOT 13 BLK 1484

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 10/16/2024, and a surplus of \$12,713.44 (subject to change) will be held by this office for **120 days** beginning on the date of this notice to benefit the persons having an interest in this property as described in section 197.502(4), Florida Statutes, as their interests may appear (except for those persons described in section 197.502(4)(h), Florida Statutes).

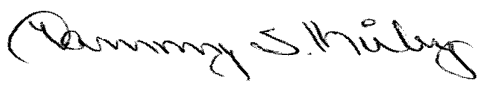
To the extent possible, these funds will be used to satisfy in full, each claimant with a senior mortgage or lien in the property before distribution of any funds to any junior mortgage or lien claimant or to the former property owner. To be considered for payment of any portion of the surplus funds, **you must file a notarized statement of claim with this office within 120 days of this notice.** If you are a lienholder, your claim must include the particulars of your lien and the amounts currently due.

A copy of this notice must be attached to your statement of claim. After examination of the statements of claim filed, this office will disburse according to priority. For your convenience, a claim form is included with this notice.

THE FAILURE OF A LIENHOLDER TO FILE A CLAIM FOR SURPLUS FUNDS WITHIN 120 DAYS OF THIS NOTICE CONSTITUTES A WAIVER OF THE LIENHOLDER'S INTEREST IN THE SURPLUS FUNDS AND ALL CLAIMS THERETO ARE FOREVER BARRED.

If your claim has been satisfied, released, or you are waiving your claim, please check the "No claim will be filed" box on the claim form and return it to our office so that any other liens can be considered.

ANGELA VICK
CITRUS COUNTY CLERK OF THE CIRCUIT COURT AND COMPTROLLER
CITRUS COUNTY, FL

By: 
Tammy S. Kirby, Deputy Clerk



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AFFIDAVIT OF CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE

Complete and return to:

ANGELA VICK, Clerk Of The Circuit Court And Comptroller
Tax Deeds Department

Telephone: (352) 341-6478
Email: TaxDeeds@citrusclerk.org

Tax Deed #: 2024-0383TD Certificate #: 22-2884 Date of Sale: 10/16/2024

NOTE: CLAIMS MUST BE FILED WITHIN 120 DAYS OF THE DATE OF THE SURPLUS NOTICE OR THEY ARE BARRED, OTHER THAN PROPERTY OWNER CLAIMS.

The Clerk of the Court must pay all valid liens before distributing surplus funds to a titleholder.

Claimant's name: _____

Contact name, if applicable: _____

Address: _____

Phone Number: _____

Email address: _____

NOTE: ALL CLAIMANTS MUST SUBMIT A COMPLETED W-9. VISIT WWW.IRS.GOV FOR THE MOST CURRENT FORM.

I am a (check one): Lienholder Titleholder

Select ONE:

_____ I claim surplus proceeds resulting from the above tax deed sale.

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1. LIENHOLDER INFORMATION (Complete if claim is based on a lien against the sold property.)

A. Type of Lien: _____ Mortgage; _____ Court Judgment; _____ Condo of Homeowner Association Lien;

_____ Other - describe in detail: _____

If your lien is recorded in CITRUS COUNTY's Official Records, list the following, if known:

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B. Original Lien

Amount: \$ _____ Amount due: \$ _____ Principal Remaining Due: \$ _____

Interest Due: \$ _____ Fees & Costs * \$ _____ Attorney fees claimed: \$ _____

* Including late fees. Describe costs in detail, including additional sheet if needed: _____

2. TITLEHOLDER INFORMATION (Complete if claim is based on title formerly held on sold property *and provide proof.*)

A. Nature of Title: _____ Deed; _____ Court Judgment; _____ Other - describe in detail:

If your former title is recorded in CITRUS COUNTY's Official Records, list the following, if known:

Recording Date: _____ Instrument #: _____ Book/Page #: _____ / _____

B. Amount of surplus tax deed sale proceeds claimed: \$ _____

C. Does the titleholder claim the subject property was homestead property? _____ Yes _____ No

3. I hereby swear or affirm that all of the above information is true and correct.

Signature of Claimant: _____ Print Name & Title: _____

STATE OF _____ Physical Presence
COUNTY OF _____ Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this _____ day of _____, 20____ by
_____, who is personally know to me _____ or has produced
_____ as identification and who did take an oath.

NOTARY PUBLIC or DEPUTY CLERK My Commission Expires: _____

[Print, type, or stamp commissioned name of notary]



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By: _____

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Telephone: (352) 341-6478
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Phone Number: _____

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C. Does the titleholder claim the subject property was homestead property? _____ Yes _____ No

3. I hereby swear or affirm that all of the above information is true and correct.

Signature of Claimant: _____ Print Name & Title: _____

STATE OF _____ Physical Presence
COUNTY OF _____ Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this _____ day of _____, 20____ by _____, who is personally know to me _____ or has produced _____ as identification and who did take an oath.

NOTARY PUBLIC or DEPUTY CLERK My Commission Expires: _____

[Print, type, or stamp commissioned name of notary]



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By: _____

Tammy S. Kirby, Deputy Clerk



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Telephone: (352) 341-6478
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Signature of Claimant: _____ Print Name & Title: _____

STATE OF _____
COUNTY OF _____

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_____ Online Notarization

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NOTARY PUBLIC or DEPUTY CLERK

My Commission Expires: _____

[Print, type, or stamp commissioned name of notary]



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By: _____

Tammy S. Kirby

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Signature of Claimant: _____ Print Name & Title: _____

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The foregoing instrument was sworn to or affirmed and signed before me this _____ day of _____, 20____ by _____, who is personally know to me _____ or has produced _____ as identification and who did take an oath.

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APPLICATION NO: 2024-0383TD

RECEIVED

By Tifani White at 10:27 am, 6/25/25

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Tammy S. Kirby, Deputy Clerk



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ASSIGNMENT OF SURPLUS TAX DEED SALE PROCEEDS

For and in consideration of good and valuable consideration, the receipt of which being hereby acknowledged, I **Yoline Adam** as assignor, who resides at 361 Park Ave Apt C2, Orange, NJ 07050 , hereby assigns, sells, transfers and conveys to **Blue Kite Solutions LLC** any and all surplus tax deed sale proceeds to which I may be entitled to share in from the sale of that certain parcel of real property, which was sold on 10/16/2024 by the Clerk of the Circuit Court, Citrus County in Florida,

Legal Description: CITRUS SPGS UNIT 27 PB 9 PG 54 LOT 13 BLK 1484

Parcel No.: 18E17S100270 14840 0130

Tax Deed File : 2024-0383TD

Certificate: 22-2884

In executing this assignment, I have been informed by the assignee that:

- a. The amount of surplus funds available for distribution and that I may be entitled to receive is up to \$12,654.44 of that amount.
- b. I have the right to file a claim directly with the Clerk of the Circuit Court for my interest in such surplus funds.
- c. I have the right to consult with an independent attorney of my choice before executing this assignment.

In executing this assignment, I hereby represent that:

- a. I am a legal titleholder or lienholder of record of such real property or a beneficiary or heir at law of such a titleholder or lienholder.
- b. Attached hereto is my affidavit establishing my interest in such real property and surplus funds
- c. I acknowledge that I am making the above representations under oath and under penalty of perjury in order for assignee to receive payment of such surplus funds, and understand that, if it is later discovered or determined that payment of such surplus funds to assignee was in error, I may be personally liable for the repayment of such surplus funds to the clerk and/or County, Florida

Further affiant sayeth not.

Signature Yoline A.

Print Name Yoline Adam

Notary Acknowledgement:

BEFORE ME, the undersigned authority, personally

appeared Yoline Adam, who is personally

known by me or who has produced DL as identification and who
by me was first duly sworn and cautioned, states that he/she executed the foregoing and the
contents thereof are true and correct.

IN WITNESS my hand and official seal, this 9 day of JUNE, 20 25

My Commission Expires: 8/18/28

Notary

JANE BEUCLER
NOTARY PUBLIC - STATE OF NEW JERSEY
COUNTY OF BERGEN
Commission # 0002049271
My Commission Expires August 18, 2028

Jane B.

LIMITED POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS that I, Yoline Adam residing at 361 Park Ave Apt C2, Orange, NJ 07050 being desirous of arranging through an attorney-in-fact for the transaction of my business with respect to the below described property, have herein named, appointed, and constituted, and by these presents do name, constitute, and appoint Blue Kite Solutions LLC, attorney-in-fact and do authorize said attorney-in-fact, for me, and in my name, place, and stead, and on my behalf:

- I. To handle all aspects of locating, acquiring and collecting all funds due to me as the lawful record title holder of any unclaimed funds to wit and to which I may have a claim for unclaimed funds held by any governmental agency.
- II. To execute any documents including, but not limited to, Affidavit in Support of Claim for Surplus or Excess Proceeds, and to take action deemed necessary and appropriate with regard to said property and claim; and.
- III. To collect, settle, adjust, or compromise any claim for money arising by contract, to execute releases, cancellations, indemnifications or satisfactions with regard to this property and or claim for unclaimed funds; and
- IV. To The Specific financial act, I grant my Attorney-in-Fact is:

File a claim for and handle all proceedings pertaining to the surplus/excess proceeds/overbid resulting from the Tax Deed Sale of the property as detailed below:

Legal Description: CITRUS SPGS UNIT 27 PB 9 PG 54 LOT 13 BLK 1484

Tax Deed: 2024-0383TD

Certificate: 22-2884

Signature *Yoline Adam*

Print Name: Yoline Adam

Notary Acknowledgement:

BEFORE ME, the undersigned authority, personally

appeared *Yoline Adam*, who is personally

known by me or who has produced *DL* as identification and who by me was first duly sworn and cautioned, states that he/she executed the foregoing and the contents thereof are true and correct.

IN WITNESS my hand and official seal, this *9* day of *JUNE*, 20 *25*

My Commission Expires: *8/18/28*

Notary Public

JANE BEUCLER
NOTARY PUBLIC - STATE OF NEW JERSEY
COUNTY OF BERGEN
Commission # 0002049271
My Commission Expires August 18, 2028

Sam B

NEW JERSEY NJMVC

DRIVER LICENSE



DL **A2547 95786 21459**
DOB **09-05-1957** CLASS **D**
ISS **01-212-2023** EXP **09-05-2029**

**ADAM
YOLINE**
361 PARK AVENUE APT C2
ORANGE NJ 07050

END **NONE**
RESTR **NONE**

GENDER **F** HGT **5'-4"** EYES **BRN** ORGAN DONOR
MV325874 NC98412587463236 DUP00

MICHIGAN

DRIVER LICENSE

AAC



R 251 441 067 678 ISS 09-01-2022
DOB 09-09-1980 EXP 09-09-2028 003103

MARTIN ANDERSON
5800 TERNES ST
DEARBORN MI 48126

Sex M Hgt 607
Lic Type 0 End NONE
Restrictions NONE

Eyes BRO



M. Anderson

DD 003743278202

Rev 01-01-2015



Form Revision Date 02/2017

ARTICLES OF ORGANIZATION
For use by DOMESTIC LIMITED LIABILITY COMPANY

Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned executes the following Articles:

Article I

The name of the limited liability company is:

BLUE KITE SOLUTIONS LLC

Article II

Unless the articles of organization otherwise provide, all limited liability companies formed pursuant to 1993 PA 23 have the purpose of engaging in any activity within the purposes for which a limited liability company may be formed under the Limited Liability Company Act of Michigan. You may provide a more specific purpose:

Article III

The duration of the limited liability company if other than perpetual is:

Article IV

The street address of the registered office of the limited liability company and the name of the resident agent at the registered office (P.O. Boxes are not acceptable):

- 1. Agent Name: MARTIN ANDERSON
- 2. Street Address: 5800 TERNES ST
Apt/Suite/Other:
City: DEARBORN
State: MI Zip Code: 48126

- 3. Registered Office Mailing Address:
P.O. Box or Street Address:
Apt/Suite/Other:
City:
State: Zip Code:

Signed this 8th Day of December, 2023 by the organizer(s):

Signature	Title	Title if "Other" was selected
Martin Anderson	Organizer	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

Decline Accept

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

FILING ENDORSEMENT

This is to Certify that the ARTICLES OF ORGANIZATION

for

BLUE KITE SOLUTIONS LLC

ID Number: 803310005

received by electronic transmission on December 08, 2023 **, is hereby endorsed.**

Filed on December 12, 2023, **by the Administrator.**

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 12th day of December, 2023.

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau



Black Swan Refunds, LLC

Surplus Recovery and Probate Specialists

Mailing Address for Disbursement

**920 14th Ave N
St Petersburg, FL 33705**

Contact Information

**727-851-6669
Umar@BlackSwanRefunds.org**

Citrus County Clerk of the Circuit Court ATTN Tax Deeds Dept.
110 North Apopka Avenue
Inverness, FL 34450-4299

Aug 6th, 2025

Claim for Tax Deed Surplus on behalf of **Yoline Adam** by their Assignee (Black Swan Refunds, LLC)

Tax Deed Number	Sale Date
2024-0383TD	10/16/2024

Dear Deputy Tax Deed Clerk please find enclosed the following documents:

- ✓ **Notarized Statement of Claim** executed by Jesse Rooney, Manager of Black Swan Refunds, LLC
- ✓ **Notarized Assignment Of Interest Agreement**
- ✓ **Government-issued ID's** for:
 - Yoline Adam, Owner (**Assignor**)
 - Jesse Rooney, Manager of Black Swan Refunds LLC (**Assignee**)
- ✓ **SunBiz document** evidencing Jesse Rooney as a duly authorized manager of Black Swan Refunds, LLC.
- ✓ **Notice of Surplus** and **Copy of Property Deed**
- ✓ **W-9 form** for Black Swan Refunds

With Appreciation,

Jesse Rooney, Manager

<u>Please Make Surplus Funds Payable To:</u>	Black Swan Refunds, LLC 920 14th Ave N. St Petersburg FL 33705
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AFFIDAVIT OF CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE

Complete and return to:

ANGELA VICK, Clerk Of The Circuit Court And Comptroller
Tax Deeds Department

Telephone: (352) 341-6478
Email: TaxDeeds@citrusclerk.org

Tax Deed #: 2024-0383TD Certificate #: 22-2884 Date of Sale: 10/16/2024

NOTE: CLAIMS MUST BE FILED WITHIN 120 DAYS OF THE DATE OF THE SURPLUS NOTICE OR THEY ARE BARRED, OTHER THAN PROPERTY OWNER CLAIMS.

The Clerk of the Court must pay all valid liens before distributing surplus funds to a titleholder.

Claimant's name: JESSE ROONEY, MANAGER - BLACK SWAN REFUNDS LLC AS ASSIGNEE BY YOLINE ADAM

Contact name, if applicable: JESSE ROONEY, MANAGER (BLACK SWAN REFUNDS LLC)

Address: 920 14TH AVE N, ST. PETERSBURG, FL 33705

Phone Number: 727-758-7712

Email address: jesse@blackswanrefunds.org

NOTE: ALL CLAIMANTS MUST SUBMIT A COMPLETED W-9. VISIT WWW.IRS.GOV FOR THE MOST CURRENT FORM.

I am a (check one): Lienholder Titleholder

Select ONE:

I claim surplus proceeds resulting from the above tax deed sale.

I am NOT making a claim and waive any claim I might have to the surplus funds on this tax deed sale.

1. LIENHOLDER INFORMATION (Complete if claim is based on a lien against the sold property.)

A. Type of Lien: Mortgage; Court Judgment; Condo of Homeowner Association Lien;
 Other - describe in detail:

If your lien is recorded in CITRUS COUNTY's Official Records, list the following, if known:

Recording Date: Instrument #: Book/Page #: /

B. Original Lien

Amount: \$ Amount due: \$ Principal Remaining Due: \$

Interest Due: \$ Fees & Costs * \$ Attorney fees claimed: \$

* Including late fees. Describe costs in detail, including additional sheet if needed:

2. TITLEHOLDER INFORMATION (Complete if claim is based on title formerly held on sold property **and provide proof.**)

A. Nature of Title: Deed; Court Judgment; Other - describe in detail:

WARRANTY DEED

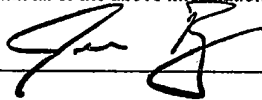
If your former title is recorded in CITRUS COUNTY's Official Records, list the following, if known:

Recording Date: 12/01/2004 Instrument #: 2004086488 Book/Page #: 1790 / 683

B. Amount of surplus tax deed sale proceeds claimed: \$ 12,654.44

C. Does the titleholder claim the subject property was homestead property? Yes No

3. I hereby swear or affirm that all of the above information is true and correct.

Signature of Claimant: 

Print Name & Title:

JESSE ROONEY, MANAGER
(BLACK SWAN REFUNDS LLC)

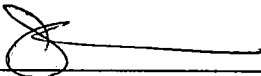
STATE OF FLORIDA
COUNTY OF PINELLAS

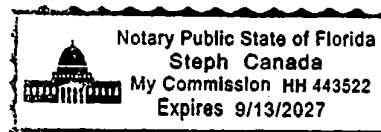
Physical Presence
 Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this 09th day of AUGUST, 2025 by JESSE ROONEY, who is personally know to me or has produced as identification and who did take an oath.

STEPH CANADA
NOTARY PUBLIC or DEPUTY CLERK

My Commission Expires: 09/13/2027


[Print, type, or stamp commissioned name of notary]



ASSIGNMENT OF INTEREST AGREEMENT

County	Tax Deed No:	Sale Date:	Surplus: \$
Citrus	2024-0383TD	10/16/2024	12,654.44

This Assignment of Interest ("**Agreement**"), made and entered into this 2nd day of August, 2025 between YOLINE ADAM, hereinafter referred to as the "**ASSIGNOR**," whose address is 406 KNOPF ST, LINDEN, NJ 07036 and Black Swan Refunds LLC, a Florida company, hereinafter referred to as the "**ASSIGNEE**," collectively referred to as the "**Parties**."

WHEREAS, the Assignor is the rightful and legal owner of an interest in said tax deed surplus and has not transferred, assigned, or relinquished any interest nor signed any previous agreement(s) with a surplus recovery company other than Black Swan Refunds LLC.

NOW, THEREFORE, the Parties agree as follows:

1. Assignment of Interest: Assignor assigns all rights, title, and interest in the aforementioned tax deed surplus to the Assignee, and the Assignee accepts such assignment.
2. Consideration: In consideration for the assignment of the interest, the Assignee agrees to distribute funds to Assignor within no more than 5 business days of receiving the surplus funds according to the terms of the "Contingency Agreement", which is a separate document.
3. Binding Effect: This Agreement shall be binding upon and inure to the benefit of the Parties and their respective heirs, executors, administrators, successors, and assigns. Sale Date shall include original sale date or any future sale date if auction is rescheduled.
4. Assignor makes the above representations under oath and under penalty of perjury.

Further Affiant Sayeth Not.



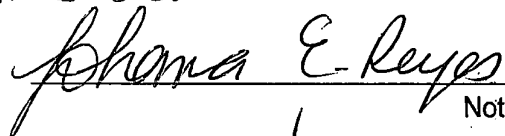
Assignor Signature

YOLINE ADAM
Assignor Printed Name

STATE OF New Jersey, Union County, ss.

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 2nd day of August, 2025, by Yolin Adam who is personally known to me or who has produced Drivers License as identification.





Notary Public

My commission expires: 3/12, 2026

NEW JERSEY MVC

AUTO DRIVER LICENSE

NOT FOR REAL ID PURPOSES



DL: A1787-79074-59571 CLASS D
DOB: 09-19-1957
ISS: 08-03-2022 EXP: 09-19-2026

ADAM
YOLINE M.
500 ADAMS LANE
NO BRUNSWICK NJ 08902-2570
END NONE
RESTR NONE

GENDER F HT 5-11 HA BRN EYES BLK
REN

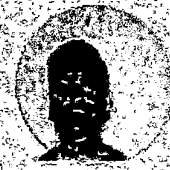


Florida

DRIVER LICENSE



CLASS E
RODNEY
JESSE ALLEN
ST PETERSBURG, FL 33705-1023
DOB [REDACTED] ISSER M
EXP 2030 HGT 6'-00"
REST NONE END NONE
SAFE DRIVER
ISS 05/25/2022
500 [REDACTED]



Operation of a motor vehicle constitutes consent to any sobriety test required by law.

Previous On List	Next On List	Return to List	black swan refunds
			<input type="button" value="Search"/>
No Events No Name History			
Detail by Entity Name			
Florida Limited Liability Company			
BLACKSWANREFUNDS,LLC			
Filing Information			
Document Number	L22000078662		
FE/EIN Number	88-1007395		
Date Filed	02/17/2022		
State	FL		
Status	ACTIVE		
Principal Address			
920 14th Avenue N Saint Petersburg, FL 33705			
Changed: 02/06/2024			
Mailing Address			
920 14th Avenue N Saint Petersburg, FL 33705			
Changed: 02/06/2024			
Registered Agent Name & Address			
Rooney, Jesse 920 14th Avenue N Saint Petersburg, FL 33705			
Name Changed: 02/06/2024			
Address Changed: 02/06/2024			
Authorized Person(s) Detail			
Name & Address			
Title MGR			
ROONEY, RICHARD 2323 Topping Terrace THE VILLAGES, FL 32163			
Title MGR			
Rooney, Jesse A 2323 Topping Terrace THE VILLAGES, FL 32163			
Annual Reports			
Report Year	Filed Date		
2023	01/05/2023		
2023	02/09/2023		
2024	02/08/2024		
Document Images			
02/09/2024 -- ANNUAL REPORT	<input type="button" value="View image in PDF format"/>		
02/09/2023 -- AMENDED ANNUAL REPORT	<input type="button" value="View image in PDF format"/>		
01/05/2023 -- ANNUAL REPORT	<input type="button" value="View image in PDF format"/>		
02/17/2022 -- Florida Limited Liability	<input type="button" value="View image in PDF format"/>		
Previous On List	Next On List	Return to List	black swan refunds
			<input type="button" value="Search"/>
No Events No Name History			



ANGELA VICK
CLERK OF THE CIRCUIT COURT AND COMPTROLLER
CITRUS COUNTY, FLORIDA

Clerk of the County Court
Recorder of Deeds
Clerk and Accountant of the Board of County
Commissioners
Custodian of County Funds
County Auditor

110 North Apopka Ave
Inverness, FL 34450
Telephone: (352) 341-6478
Fax: (352) 341-6477
TaxDeeds@citrusclerk.org
www.citrusclerk.org

APPLICATION NO: 2024-0383TD

NOTICE OF SURPLUS FUNDS FROM TAX DEED SALE

Date: 10/22/2024

Certificate #: 22-2884

DESCRIPTION OF PROPERTY:

CITRUS SPGS UNIT 27 PB 9 PG 54 LOT 13 BLK 1484

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 10/16/2024, and a surplus of \$12,713.44 (subject to change) will be held by this office for **120 days** beginning on the date of this notice to benefit the persons having an interest in this property as described in section 197.502(4), Florida Statutes, as their interests may appear (except for those persons described in section 197.502(4)(h), Florida Statutes).

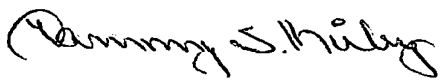
To the extent possible, these funds will be used to satisfy in full, each claimant with a senior mortgage or lien in the property before distribution of any funds to any junior mortgage or lien claimant or to the former property owner. To be considered for payment of any portion of the surplus funds, **you must file a notarized statement of claim with this office within 120 days of this notice.** If you are a lienholder, your claim must include the particulars of your lien and the amounts currently due.

A copy of this notice must be attached to your statement of claim. After examination of the statements of claim filed, this office will disburse according to priority. For your convenience, a claim form is included with this notice.

THE FAILURE OF A LIENHOLDER TO FILE A CLAIM FOR SURPLUS FUNDS WITHIN 120 DAYS OF THIS NOTICE CONSTITUTES A WAIVER OF THE LIENHOLDER'S INTEREST IN THE SURPLUS FUNDS AND ALL CLAIMS THERETO ARE FOREVER BARRED.

If your claim has been satisfied, released, or you are waiving your claim, please check the "No claim will be filed" box on the claim form and return it to our office so that any other liens can be considered.

ANGELA VICK
CITRUS COUNTY CLERK OF THE CIRCUIT COURT AND COMPTROLLER
CITRUS COUNTY, FL

By: 

Tammy S. Kirby, Deputy Clerk



YOU MAY APPLY TO CLAIM SURPLUS FUNDS YOURSELF. YOU DO NOT HAVE TO ASSIGN YOUR RIGHTS TO ANYONE ELSE IN ORDER FOR YOU TO CLAIM ANY MONEY TO WHICH YOU ARE ENTITLED.



2004086488 1 PG

THIS INSTRUMENT PREPARED BY:
Nancy Roche
FIVE POINTS TITLE SERVICES CO., INC.
8014 S.W. 135th Street Road
Ocala, Florida 34473

Contract No. 05 - D0220
13,900.00
No. 171

OFFICIAL RECORDS
CITRUS COUNTY
BETTY STRIFLER
CLERK OF THE CIRCUIT COURT
RECORDING FEE: \$10.00
DOCUMENTARY TAX: \$97.00
2004086488 BK: 1790 PG: 683-683
12/01/2004 04:46 PM 1 PG
KCCR, DC Receipt #0533582

WARRANTY DEED
(Statutory Form-Section 689.02 F.S.)

This Indenture, made on **October 19, 2004**, Between **CITONY DEVELOPMENT CORPORATION**, a corporation existing under the laws of the State of Florida, a domestic corporation of United States for tax purposes, whose Federal Identification No. is 05-0384849, having its principal place of business at 10260 N. Citrus Springs Blvd., Citrus Springs, Florida 34434, and lawfully authorized to transact business in the State of Florida, grantor, and

YOLINE ADAM, An Unmarried Person

Social Security No. [REDACTED]

whose post office address is: **1115 GIRARD AVENUE, E. ORANGE, NJ 07017**

WITNESSETH: That said grantor, for and in consideration of the sum of **TEN AND NO/100 (\$10.00)** Dollars, and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in Citrus County, Florida, to wit:

Property Folio No.: **R10 17S18E0270 14840 0130**

Lot 13, of Block 1484, of CITRUS SPRINGS UNIT 27, a Subdivision, according to the Plat thereof, as recorded in Plat Book 9, at Pages 54 through 70, of the Public Records of Citrus County, Florida

SUBJECT TO THE PURCHASE MONEY MORTGAGE DATED MAY 23RD, 2004, IN THE AMOUNT OF \$10,425.00, IN FAVOR OF THE GRANTOR.

Subject to restrictions, reservations, easements and limitations of record, if any, provided that this shall not serve to reimpose same, zoning ordinances, and taxes for the year 2004 and subsequent years.

Said grantor does hereby fully warrant the title to said land, and will defend that same against the lawful claims of all persons whatsoever.

"Grantor" and "grantee" are used for singular or plural, as context requires.

In Witness Whereof, Grantor has hereunto set grantor's hand and seal the day and year first above written.

Signed, sealed and delivered in our presence.

CITONY DEVELOPMENT CORPORATION,
a Florida corporation

Nancy Roche
Nancy Roche, Witness

By: *[Signature]*
ROBERT O. MOORE, Treasurer
8014 S.W. 135th Street Road, Ocala, FL 34473

Lola Patton
Lola Patton, Witness

By: *[Signature]*
BETH FISHER, Attorney-in-Fact
8014 S.W. 135th Street Road, Ocala, FL 34473

STATE OF FLORIDA
COUNTY OF MARION

The foregoing instrument was acknowledged before me on **October 19, 2004**, by **ROBERT O. MOORE, Treasurer**, and **BETH FISHER, Attorney-in-Fact**, both of **CITONY DEVELOPMENT CORPORATION**, a Florida corporation, on behalf of the corporation, under authority duly vested in them by said corporation and that the seal affixed hereto is the true corporate seal of said corporation. They are personally known to me.

[Signature]
Notary Public State of Florida



BATCH 92