



TRACI PERRY, CPM
CLERK OF THE CIRCUIT COURT AND COMPTROLLER
CITRUS COUNTY, FLORIDA

156400

110 North Apopka Avenue, Inverness, Florida 34450
www.citrusclerk.org | @CitrusFLClerk

Telephone: (352) 341-6424
Fax: (352) 341-6477

APPLICATION NO: 2025-0202TD

NOTICE OF SURPLUS FUNDS FROM TAX DEED SALE

Date: 11/10/2025

Certificate #: 20-0478

DESCRIPTION OF PROPERTY:

CITRUS ESTS UNIT 1 PB 4 PG 63 LOT 21 BLK 12

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$668.29 (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.

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.

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.

NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT WWW.IRS.GOV FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.

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.

On behalf of the Citrus County Clerk of the Circuit Court and Comptroller, I appreciate the opportunity to be of service to you.

Tifani L. White
Deputy Clerk
Tax Deed Department | Citrus County Clerk of the Circuit Court and Comptroller
(352) 341-6478 | taxdeeds@citrusclerk.org

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.

AFFIDAVIT OF CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE

Complete and return to:

TRACI PERRY, CPM, Clerk Of The Circuit Court And Comptroller
Tax Deeds Department

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

Tax Deed #: 2025-0202TD Certificate #: 20-0478 Date of Sale: 11/5/2025

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: _____

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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: _____

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.

My Commission Expires: _____

NOTARY PUBLIC or DEPUTY CLERK

(Print, type, or stamp commissioned name of notary)



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Signature of Claimant: _____ Print Name & Title: _____

STATE OF _____ Physical Presence
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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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(Print, type, or stamp commissioned name of notary)



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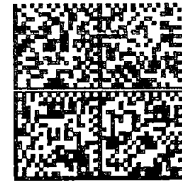
NOTARY PUBLIC or DEPUTY CLERK

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110 NORTH APOPKA AVENUE
INVERNESS, FLORIDA 34450-4299

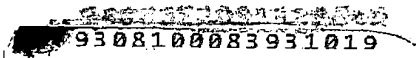


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FIRST-CLASS MAIL
IMI
\$000.74⁰
11/10/2025 ZIP 34450
043M31240484

US POSTAGE

CABERNET I LLC
DEPT 5193 PO BOX 2153
BIRMINGHAM AL 35287

2025-0202TD



9308100083931019

34450>4299

NIXIE 326 DE 1 0011/25/25

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 34450429999 *0924-02443-12-35





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 CITRUS COUNTY, FLORIDA

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Tifani L White

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 Deputy Clerk
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AFFIDAVIT OF CLAIM FOR TAX DEED SALE SURPLUS FUNDS

STATE OF FLORIDA


COUNTY OF MIAMI-DADE

The undersigned, upon oath, does depose and say:

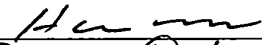
1. My name is CABERNET I LLC (claimant). My current mailing address is 18305 Biscayne Blvd. Ste 400, Aventura, FL 33160. My current telephone number is 305-913-3333. My current e-mail address is hgoldenberg@g-g-h.com.
2. I hereby submit my claim for tax deed surplus funds being held by the Clerk of Circuit Court of Citrus County, Florida resulting from the tax deed sale on 11/5/2025 (date), under tax deed number 2025-0202TD. The approximate surplus being held is \$668.29.
3. The folio (strap) number of the property is 1665507.
4. I hereby attest that I am entitled to the surplus funds by virtue of my interest in the property as: (check one)
 - Previous owner – the legal title holder of record of such property at the time of such tax deed sale and I have included the following: a copy of the deed showing interest and proof of authority to request funds (if claiming on behalf of a business)
 - Lien Holder of record at the time of such tax deed sale, and I have included the following: copy of the recorded lien and proof of authority to request funds (if claiming on behalf of a business. The amount currently outstanding, unpaid and owing on such lien is _____)
 - Tax Deed Buyer – and I have included documentation that I was required to pay an expense that was appropriately a charge upon the property at the time of the tax deed sale that would have survived the tax deed and have further included proof of authority to request funds (if claiming on behalf of a business). The amount of my claim is _____.
5. I hereby make claim to the surplus funds generated from such tax deed sale. I understand that the Clerk of Circuit Court will subtract their fees from the sale pursuant to FL statute. I further understand that if I am making a claim as the owner of the property, any valid liens and mortgages against the property will be paid before I am entitled to any of the surplus.
6. I have not, either before or after such tax deed sale, conveyed my title or assigned my interest in such property to any third party nor have I conveyed my right to the surplus funds.
7. I have attached to this notarized affidavit a true and genuine copy of my current government issued photo identification that shows my address and date of birth.
8. I have written the tax deed number on all documents that are attached to this claim.

9. I acknowledge that I am making the above representations under oath in order to receive payment of such surplus funds, and understand that, if it is later discovered or determined that payment of such surplus funds to me was in error, the corporation which is receiving the surplus funds is liable for the repayment of such surplus funds.

FURTHER AFFIANT SAYETH NOT.

 (signature)


Jonathan Politano (printed name)

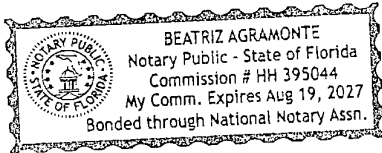
Witness #1, print and sign: Hanna Goldenberg, 

Witness # 2, print and sign: Rose Ortiz, 

Before me, the undersigned authority, personally appeared Jonathan Politano on behalf of CABERNET I LLC, in his/her capacity as Manager, who is personally known to me and who was first duly sworn and cautioned and who stated that he/she executed the foregoing and that the contents thereof are true and correct.

In witness my hand and seal this 23rd. day of March, 2026.

My commission expires: Aug 19 2027 
Notary Public, State of Florida



Florida
DRIVER LICENSE

USA

CLASS 9

P415-792-94-000-0

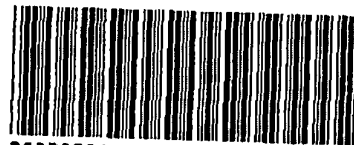
POLITANO
JONATHAN RICHARD
1548 PRESIDENTIAL WAY
MIAMI, FL 33179-5418
DOB: 07/07/1959 SEX: M
EXP: 07/07/2033 18MO: 6:00-
12 REST B 9A EMO NONE
SAFE DRIVER
ISS: 01/27/2025
SDD X80250303253
REPLACED: 03/05/2025

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

SEAL OF THE STATE OF FLORIDA

PREPARED BY:

Bonnie Tenney Deputy Clerk
Clerk of the Circuit Court
110 N Apopka Ave.
Inverness FL 34450-4299



2009020112 1 PG

RETURN TO:

CABERNET I LLC
18305 BISCAYNE BOULEVARD SUITE 400
AVENTURA, FL 33160

OFFICIAL RECORDS
CITRUS COUNTY
BETTY STRIFLER
CLERK OF THE CIRCUIT COURT
RECORDING FEE: \$10.00
DOCUMENTARY TAX: \$8.40
2009020112 BK:2285 PG:1432
05/07/2009 09:08 AM 1 PG
BTENNEY,DC Receipt #015099

Tax Deed File No. 2008-335
Property Identification No. 1665507

TAX DEED

STATE OF FLORIDA
COUNTY OF CITRUS

The following Tax Sale Certificate Numbered 06-5736 issued on June 1, 2006 was filed in the office of the tax collector of this County and application made for the issuance of a tax deed, the applicant having paid or redeemed all other taxes or tax sale certificates on the land described as required by law to be paid or redeemed and the costs and expenses of this sale, and due notice of sale having been published as required by law, and no person entitled to do so having appeared to redeem said land; such land was sold on April 15, 2009, offered for sale as required by law for cash to the highest bidder and was sold to:

CABERNET I LLC

whose address is:

18305 BISCAYNE BOULEVARD SUITE 400 AVENTURA, FL 33160

being the highest bidder and having paid the sum of his/her bid as required by the Laws of Florida.

NOW, on May 6, 2009 in the County of Citrus, State of Florida, in consideration of the sum of (\$ 1,132.09), being the amount paid pursuant to the laws of Florida does hereby sell the following lands situated in the County and State aforesaid and described as follows:

CITRUS ESTS UNIT 1 PB 4 PG 63 LOT 21 BLK 12

Witnesses:

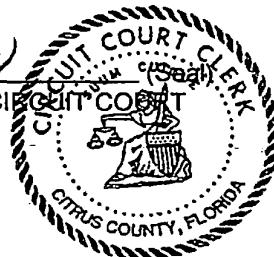
Bonnie C Tenney

Bonnie C Tenney
Tammy S Kirby

Tammy S Kirby

Betty Strifler

BETTY STRIFLER CLERK OF THE CIRCUIT COURT
Citrus County, Florida



State of Florida
County of Citrus

On May 6, 2009, before me, Kelly L Carpenter, personally appeared BETTY STRIFLER CLERK OF THE CIRCUIT COURT in and for the State and this County known to me to be the person described in and who executed the foregoing instrument, and acknowledged the execution of this instrument to be her own free act and deed for the use and purposes therein mentioned. Personally known to me/ and who did not take an oath.

Witness my hand and official seal date aforesaid.



Kelly L. Carpenter

Notary Name