

FILL OUT ALL SECTIONS OF THIS FORM BEFORE FILING WITH THE COUNTY CLERK  
AND FIDUCIARY CLERK/COURT – MUST BE COMPLETED WITHIN 30 DAYS OF SALE  
If this is an E-Filed case, upload this form to NYSCEF as a "Foreclosure Action Surplus Monies Form"

## FORECLOSURE ACTION SURPLUS MONIES FORM

SUPREME COURT/COUNTY COURT OF THE STATE OF NEW YORK:

COUNTY OF Bronx

AVAIL 1 LLC

Index No. 380881/2011E

Plaintiff,

-against-

ACQUAFREDDA ENTERPRISES LLC;

Defendant.

### MORTGAGED PROPERTY:

3094 Dare Place, Bronx, New York a/k/a Block 5529, Lot 487; 3095 Casler Place  
f/k/a 3093 Casler Place, Bronx, New York a/k/a Block 5529, Lot 488; 3098 Dare  
Place, Bronx, New York a/k/a Block 5529, Lot 489; No Number Dare Place, Bronx,  
New York a/k/a 5529, Lot 492; and 3093 Casler Place, f/k/a 3095 Casler Place,  
Bronx, New York a/k/a Block 5529, Lot 500

COUNTY: \_\_\_\_\_

SBL #: \_\_\_\_\_

Sale Date: 12/9/24

### A. To be completed by the Referee

- Final Judgment Amount per Judgment: \$ 3,572,644.51
- Adjusted Judgment Amount (Upset Price): \$ 387,905.53 2,700,000 EP  
(This is the total amount due to the bank after post-sale disbursements, fees, taxes, utilities, etc.)
- Sale Price: \$ 2,700,000  
(To calculate if there is a surplus, subtract the higher of line 1 or line 2 from line 3 and enter any surplus on line 4)
- Surplus Amount (enter \$0.00 if no surplus) \$ 0.00  
\*\*If there are surplus funds, attach proof/receipt that the surplus amount was deposited with the  
Treasurer, Comptroller, Commissioner of Finance, Clerk of Court, etc.

Referee's TOTAL compensation awarded/fees  
earned in this matter:

\$ unknown at time of sale EP

Referee Name: EDMOND PRYOR, ESQ

Telephone: 718-829-0222

Address: 292 City Island Ave Bronx NY 10464

Email: Pryor@Pryorlaw.com Signature/Date: Edmond Pryor 12/9/2024

\*If plaintiff is also the purchaser, complete both B. and C.

### B. To be completed by Plaintiff's Rep.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: John O'Keefe  
Pinnacle Court Service  
49 Andrew Ave  
Islip Terrace, NY 11752  
631.804-7716

Email: \_\_\_\_\_

Signature/Date: \_\_\_\_\_

### C. To Be Completed by Purchaser

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature/ Date: \_\_\_\_\_

Additional Copies of this Form can be found at <https://www.nycourts.gov/forms/foreclosure/>

Rev. 12/19