IN THE COUNTY COURT OF THE THIRTEENTH JUDICIAL CIRCUIT IN AND FOR HILLSBOROUGH COUNTY, STATE OF FLORIDA

HARBOUR HOUSE OF TAMPA CONDOMINIUM ASSOCIATION, INC., a Florida not-for-profit corporation,

Plaintiff, v.	Case No.: 16-CC-008324
KAREN DURRETT,	
Defendant.	

SWORN AFFIDAVIT OF HAN VAN IERSEL

I, HAN VAN IERSEL, being first duly sworn, certify that the following information is true:

- 1. I am over the age of 18. I am competent to testify as to the truth of the facts stated in this affidavit, and I make this affidavit based on personal knowledge.
- 2. I am a licensed contractor with a valid professional contractor's license issued by the State of Florida. A true and accurate copy of my contractor's license is attached to this Affidavit.
- 3. Karen Durrett retained my services to perform work in her condominium unit located at Harbour House Condominium. This work included the tearout of the laminate flooring that incurred flooding damage, the smoothing and prep of the cement, and application of a sound/waterproof sealant named Increte.

- 4. None of the work that I performed in Ms. Durrett's condominium unit was structural in nature. As such, the work I performed in Ms. Durrett's unit did not require a permit.
- 5. The smoothing and prep of the cement did not involve the "grinding" down of the cement. The work I performed did not compromise the structural integrity of the floor or building.
- 6. The Association's Property Manager, Ms. Perry Labord, ordered me to stop working on Ms. Durrett's unit on March 3, 2016. I complied and ceased all work at that time. I provided Ms. Labord with the opportunity to inspect the unit at that time. I also provided Ms. Labord with my contractor's license and proof of insurance at that time in order for her to make copies of same.
- 7. Ms. Durrett advised me that work could continue on March 7, 2016, as she obtained permission to proceed on that date.
- 8. On March 10, 2016, Ms. Labord once again demanded that I discontinue working. I complied and ceased working. I observed Ms. Labord inspect Ms. Durrett's unit at that time, as well as take pictures of the floor.
 - 9. I have no personal knowledge of an engineer on behalf of the Association inspecting Ms. Durrett's unit.
 - 10. Once I removed the damaged laminate flooring in Ms. Durrett's unit, I observed hairline cracks in the cement foundation prior to commencing any repair/restoration work. I showed these cracks to Ms. Durrett prior to any repair/restoration work.

11. I believe these observed cracks are settlement cracks, and they pre-existed any repair/restoration work performed in Ms. Durrett's unit. These cracks were not caused by any of the work I performed in Ms. Durrett's unit.

I have not performed any additional work in Ms. Durrett's unit subsequent to Ms.
 Labord asking me to cease work on March 10, 2016.

13. Ms. Labord is the only representative I observed on behalf of the Association who inspected Ms. Durrett's unit during the repair/restoration process.

14. I had no intent to continue work at Ms. Durrett's unit after Ms. Labord demanded that work cease on March 10, 2016.

15. Moreover, I would not have continued any work at Ms. Durrett's unit unless specifically advised to do so following Ms. Labord ceasing all work on March 10, 2016.

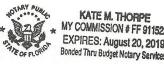
COUNTY OF HILLSBOROUGH

STATE OF FLORIDA

On this 8 day of April, 2016, before me a notary public, the undersigned person, personally appeared before me and provided valid identification to be the person whose name is subscribed below.

HAN VAN IERSEL

SEAL



Notary Public

Commision Expiration Date

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGRM JOHN TODD 8877 LAKEWOOD DRIVE SEMINOLE, FL. 33772 US L15000117081 FILED 8:00 AM July 07, 2015 Sec. Of State cmustain

Signature of member or an authorized representative

Electronic Signature: JOHN RUSSELL TODD

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

"A"

Electronic Articles of Organization For Florida Limited Liability Company

L15000117081 FILED 8:00 AM July 07, 2015 Sec. Of State cmustain

Article I

The name of the Limited Liability Company is:

JOHN RUSSELL TODD RESIDENTIAL SERVICES LLC

Article II

The street address of the principal office of the Limited Liability Company is:

8877 LAKEWOOD DRIVE SEMINOLE, FL. US 33772

The mailing address of the Limited Liability Company is:

8877 LAKEWOOD DRIVE SEMINOLE, FL. US 33772

Article III

Other provisions, if any:

ANY AND ALL LAWFUL PURPOSE

Article IV

The name and Florida street address of the registered agent is:

JOHN R TODD 8877 LAKEWOOD DRIVE SEMINOLE, FL. 33772

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: JOHN RUSSELL TODD

Certificate of Status

I certify from the records of this office that JOHN RUSSELL TODD RESIDENTIAL SERVICES LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on July 07, 2015.

The document number of this company is L15000117081.

I further certify that said company has paid all fees due this office through December 31, 2015, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 150714141017-300274809353#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Fourteenth day of July, 2015



Ken Detziner Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate do

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New York, NY 10022					ADDR	ESS:			L:	
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8877 LAKEWOOD DR					INSURER C:					
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