

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.~~

HUT
02.08.16.

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.

12. 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 8th 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



KATE M. THORPE
MY COMMISSION # FF 911522
EXPIRES: August 20, 2019
Bonded Thru Budget Notary Services



Notary Public

08.20.2019

Commission 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 Detzner
Ken Detzner
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/07/2016

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 does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hiscox Inc. 520 Madison Avenue, 32nd Floor New York, NY 10022	CONTACT NAME: PHONE (A/C, No, Ext): 855-970-8255 FAX (A/C, No): E-MAIL ADDRESS:
INSURED JOHN RUSSELL TODD RESIDENTIAL SERVICES, LLC 8877 LAKEWOOD DR Seminole FL 33772	INSURER(S) AFFORDING COVERAGE INSURER A: Hiscox Insurance Company Inc. NAIC # 10200 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	N	N	32251632	01/07/2016	01/07/2017	EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 600,000 PRODUCTS - COMP/OP AGG \$ 600,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

JOHN RUSSELL TODD RESIDENTIAL SERVICES, LLC

3877 LAKEWOOD DR
Seminole
FL
33772

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE