

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005605

FILED  
Feb 16, 2010  
Secretary of State

**Entity Name:** WINDSTORM INSURANCE NETWORK, INC.

**Current Principal Place of Business:**

2929 LANGLEY AVENUE  
SUITE 203  
PENSACOLA, FL 32504

**New Principal Place of Business:**

**Current Mailing Address:**

3625 NW 82 AVE  
SUITE 306  
MIAMI, FL 33166

**New Mailing Address:**

**FEI Number:** 59-3604274      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COWHEARD, DAVID  
3625 NW 82ND AVENUE  
SUITE 306  
MIAMI, FL 33166 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MICHAELA, SCHEIHING  
Address: PO BOX 11830  
City-St-Zip: DAYTONA BEACH, FL 32120

Title: VP  
Name: MERLIN, WILLIAM  
Address: 777 S HARBOUR ISLAND BLVD  
City-St-Zip: TAMPA, FL 33602

Title: S  
Name: WILLIAM, BERK  
Address: 2100 PONCE DE LEON BLVD PH 1  
City-St-Zip: CORAL GABLES, FL 33134

Title: T  
Name: COWHEARD, DAVID  
Address: 3625 NW 82ND AVENUE, SUITE 306  
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID COWHEARD

T

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date