

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005605

FILED
Feb 18, 2011
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

02/18/2011

Electronic Signature of Signing Officer or Director

Date