

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005605

**FILED**  
**Feb 02, 2022**  
**Secretary of State**  
**9135907612CC**

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

**Current Principal Place of Business:**

2800 EISENHOWER AVENUE  
SUITE 210  
ALEXANDRIA, VA 22314

**Current Mailing Address:**

2800 EISENHOWER AVENUE  
SUITE 210  
ALEXANDRIA, VA 22314 US

**FEI Number:** 59-3604274

**Certificate of Status Desired:** No

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

COWHEARD, DAVID H JR.  
7200 NW 19 STREET  
SUITE 307  
MIAMI, FL 33126 US

*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:** DAVID H. COWHEARD, JR.

02/02/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title T  
Name COWHEARD, DAVID H. JR.  
Address 7200 NW 19 ST SUITE307  
City-State-Zip: MIAMI FL 33125

Title IMMEDIATE PAST PRESIDENT  
Name SIMS, MELISSA MCMILLIAN  
Address 2 ALHAMBRA PLAZA  
SUITE 700  
City-State-Zip: CORAL GABLES FL 33134

Title PRESIDENT  
Name BOLIN, CHRISTINA MAY  
Address 224 DAUPHINSTREET  
City-State-Zip: MOBILE AL 36602

Title DIRECTOR  
Name VOEPEL, JOHN IV  
Address 2208 CURRY FORD ROAD  
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR  
Name BRATCHER, MICHELLE  
Address 11812 N. 56TH STREET  
City-State-Zip: TAMPA FL 33617

Title DIRECTOR  
Name CAPILLI, MICHAEL  
Address 9100 SOUTH DADELAND BLVD  
SUITE 1500  
City-State-Zip: MIAMI FL 33156

Title DIRECTOR  
Name FLENNIKEN, LORI  
Address 1600 SAWGRASS CORPORATE  
PARKWAY  
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR  
Name KANTRO, ILLON  
Address 2 ALHAMBRA PLAZA  
SUITE 700  
City-State-Zip: MIAMI FL 33134

**Continues on page 2**

*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

**TREASURER**

02/02/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name VINSON, NICOLE  
Address 2332 GALIANO ST  
2ND FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name GRAHAM, JOE  
Address 283 CRANES ROOST BLVD  
SUITE 100  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title DIRECTOR  
Name STONE, TARA  
Address 260 1ST AVE SOUTH 255  
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR  
Name WHEDBEE, JUSTIN  
Address 11786 WHITE OAK TRL  
City-State-Zip: CONROE TX 77385

Title DIRECTOR  
Name CASSELL, MICHAEL  
Address 4000 HOLLYWOOD BLVD  
SUITE 685-S  
City-State-Zip: HOLLYWOOD FL 33021

Title FIRST VICE PRESIDENT  
Name BAKER, CHARLIE  
Address 6065 NW 167TH ST B1  
City-State-Zip: HIALEAH FL 33015

Title DIRECTOR  
Name MENA, LUIS  
Address 9700 S. DIXIE HIGHWAY  
SUITE 660  
City-State-Zip: MIAMI FL 33156

Title SECOND VICE PRESIDENT  
Name TAYLOR, WAYNE  
Address 1050 CROWN PONTE PARKWAY  
SUITE 1500  
City-State-Zip: ATLANTA GA 30338

Title EXECUTIVE DIRECTOR  
Name MONTOYA, CAROL  
Address 2800 EISENHOWER AVENUE  
SUITE 210  
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR  
Name LOZIER, GINA CLAUSEN  
Address 1450 BRICKELL AVENUE  
UNIT 1900  
City-State-Zip: MIAMI FL 33131