

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005605

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

**Current Principal Place of Business:**

11812 N. 56TH STREET  
TAMPA, FL 33617

**FILED**  
**Feb 12, 2020**  
**Secretary of State**  
**0683203659CC**

**Current Mailing Address:**

7200 NW 19 ST  
SUITE 307  
MIAMI, FL 33126 US

**FEI Number: 59-3604274**

**Certificate of Status Desired: No**

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

COWHEARD, DAVID  
7200 CORPORATE CENTER DR 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title IMMEDIATE PAST PRESIDENT  
Name TUTWILLER, RICHARD P  
Address 5401 W. KENNEDY BLVD  
SUITE 757  
City-State-Zip: TAMPA FL 33609

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

Title VP  
Name SIMS, MELISSA ESQ.  
Address 2 ALHAMBRA PLAZA  
SUITE 700  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
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 CARROLL, JOHN JR.  
Address 836 BOUGANVILLEA LANE  
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR  
Name LOZIER, GINA CLAUSEN  
Address ON TOWN CENTER RD  
SUITE 301  
City-State-Zip: BOCA RATON FL 33411

Title DIRECTOR  
Name WINANS, BRENT  
Address 820 NE 6TH AVENUE  
City-State-Zip: DELRAY BEACH FL 33483

**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**

**T**

**02/12/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name STOCKHAM, DONNA DEVANEY ESQ.  
Address 610 W HORATIO STREET  
City-State-Zip: TAMPA FL 33606

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

Title PRESIDENT  
Name GILVARY, KEN  
Address 11812 N. 56TH STREET  
City-State-Zip: TAMPA FL 33617

Title DIRECTOR  
Name MUNOZ, TARA  
Address 260 1ST AVE SOUTH, SUITE 200 BOX225  
City-State-Zip: ST PETERSBURG FL 33701

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

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

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

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