

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005605

**FILED**  
**Feb 01, 2018**  
**Secretary of State**  
**CC6050650657**

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

**Current Principal Place of Business:**

2929 LANGLEY AVENUE  
SUITE 203  
PENSACOLA, FL 32504

**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            PRESIDENT  
Name            RUSKIN, MICHAEL  
Address        7141 NW 48 WAY  
City-State-Zip: COCONUT CREEK FL 33073

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

Title            VP  
Name            GILVARY, KENNETH  
Address        1020 NE LOOP 410  
                 SUITE 805 SUITE 757  
City-State-Zip: SAN ANTONIO TX 78209

Title            DIRECTOR  
Name            GRIFFIN, MICHELLE  
Address        2929 LANGLEY AVENUE  
                 SUITE 203  
City-State-Zip: PENSACOLA FL 32504

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

Title            DIRECTOR  
Name            FORTSON, MARY  
Address        777 HARBOUR ISLAND BLVD., SUITE  
                 950  
City-State-Zip: TAMPA FL 33602

**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

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02/01/2018

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LUBY, DANIEL  
Address 1601 MARGATE AVENUE  
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR  
Name NEUHAUS, DAVID  
Address 2625 KEYSTONE ROAD  
SUITE A-5  
City-State-Zip: TARPON SPRINGS FL 34688

Title DIRECTOR  
Name TAYLOR, WAYNE D.  
Address ONE PREMIER PLAZA  
5605 GLENRIDGE DRIVE SUITE 900  
City-State-Zip: ATLANTA GA 30342

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

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

Title DIRECTOR  
Name KAPAS, PETER  
Address 6 BALFOUR ROAD EAST  
City-State-Zip: PALM BEACH GARDENS FL 33148

Title DIRECTOR  
Name HARWOOD, SUSAN B ESQ.  
Address 111 NORTH ORANGE AVENUE  
SUITE 1200  
City-State-Zip: ORLANDO FL 32801

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

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

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