

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005605

FILED
Feb 16, 2017
Secretary of State
CC9930787242

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 402
MIAMI, FL 33126

FEI Number: 59-3604274

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COWHEARD, DAVID
7200 CORPORATE CENTER DR SUITE 402
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 HARWOOD, SUSAN B ESQ.
Address 1060 MAITLAND CENTER COMMONS
 BLVD
 SUITE 364
City-State-Zip: MAITLAND FL 32751

Title T
Name COWHEARD, DAVID
Address 7200 NW 19 ST SUITE 402
City-State-Zip: MIAMI FL 33125

Title SECRETARY
Name GILVARY, KENNETH
Address 8405-J BENJAMIN ROAD
City-State-Zip: TAMPA FL 33634

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

Title DIRECTOR
Name HUTCHENS, CURTIS ESQ.
Address 7215 FINANCIAL WAY
City-State-Zip: JACKSONVILLE FL 32256

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

Title VP
Name TUTWILER, RICHARD P
Address 5401 W KENNEDY BLVD
 SUITE 757
City-State-Zip: TAMPA FL 33609

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

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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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02/16/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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 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