

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005605

**FILED**  
**Feb 18, 2016**  
**Secretary of State**  
**CC8187235462**

**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 VP  
Name HARWOOD, SUSAN B ESQ.  
Address 1060 MAITLAND CENTER COMMONS  
BLVD  
SUITE 364  
City-State-Zip: MAITLAND FL 32751

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

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

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

Title DIRECTOR  
Name BAKER, CHARLIE  
Address 6065 NW 167 STREET  
SUITE B-1  
City-State-Zip: MIAMI LAKES FL 33015

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

Title DIRECTOR  
Name DANAHY, MATTHEW R  
Address 901 W SWANN AVENUE  
City-State-Zip: TAMPA FL 33605-2631

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

**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**

**02/18/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name DOAN, JOAN  
Address 405 DOUGLAS AVENUE, SUITE 2105  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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 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

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