

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005605

**FILED
Apr 02, 2013
Secretary of State
CC9254728426**

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 P
Name BERK, WILLIAM
Address 2 ALHAMBRA PLAZA
700
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name GODFREY, LENOX
Address PO BOX 15159
City-State-Zip: TALLAHASSEE FL 32319-5159

Title S
Name HUTCHENS, CURTIS
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

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

04/02/2013

Electronic Signature of Signing Officer/Director Detail

Date