

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005605

FILED
Feb 03, 2021
Secretary of State
3892595402CC

Entity Name: WINDSTORM INSURANCE NETWORK, INC.

Current Principal Place of Business:

11812 N. 56TH STREET
TAMPA, FL 33617

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:

STREEPER, MARTHA J
11812 N. 56 STREET
TAMPA, FL 33617 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 T
Name COWHEARD, DAVID
Address 7200 NW 19 ST SUITE307
City-State-Zip: MIAMI FL 33125

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

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 SIMS, MELISSA ESQ.
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 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

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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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02/03/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title DIRECTOR
Name GRAHAM, JOE
Address 283 CRANES ROOST BLVD
SUITE 100
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title DIRECTOR
Name STONE, TARA
Address 260 1ST AVE SOUTH 255
City-State-Zip: ST PETERSBURG FL 33701

Title SECRETARY
Name TAYLOR, WAYNE
Address 1050 CROWN PONTE PARKWAY
SUITE 1500
City-State-Zip: ATLANTA GA 30338

Title DIRECTOR
Name KANTRO, ILLON
Address 2 ALHAMBRA PLAZA
SUITE 700
City-State-Zip: MIAMI FL 33134

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

Title DIRECTOR
Name MENA, LUIS
Address 9700 S. DIXIE HIGHWAY
SUITE 660
City-State-Zip: MIAMI FL 33156

Title EXECUTIVE DIRECTOR
Name STREEPER, MARTHA
Address 11812 N. 56TH STREET
City-State-Zip: TAMPA FL 33617

Title DIRECTOR
Name WHEDBEE, JUSTIN
Address 11786 WHITE OAK TRL
City-State-Zip: CONROE TX 77385