

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005605

**FILED**  
**Jan 16, 2014**  
**Secretary of State**  
**CC0036061592**

**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**

**T**

**01/16/2014**

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

\_\_\_\_\_  
Date