

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005605

FILED
Feb 02, 2015
Secretary of State
CC2151365971

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 DOAN, JON
Address 405 DOUGLAS AVENUE
SUITE 2105
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

Title VP
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 SECRETARY
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

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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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02/02/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PATE, STEPHEN ESQ.
Address 1301 MCKINNEY
City-State-Zip: HOUSTON TX 770103095

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

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

Title DIRECTOR
Name POWELL, DWIGHT
Address 4685 BRASELTON HWY
City-State-Zip: HOUSCHTON GA 30548

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