

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001963

Entity Name: COUDERT INSTITUTE, VILLA DEI FIORI, INC.**Current Principal Place of Business:**1217 S. FLAGLER DRIVE, 3RD FLOOR
WEST PALM BEACH, FL 33401**Current Mailing Address:**163 SEMINOLE AVE
PALM BEACH, FL 33480 US**FEI Number:** 65-1094183**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COUDERT, DALE
163 SEMINOLE AVENUE
PALM BEACH, FL 33480 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	DC
Name	COUDERT, DALE
Address	163 SEMINOLE AVE
City-State-Zip:	PALM BEACH FL 33480

Title	DVC
Name	MONKS, ROBERT
Address	96 MONASTERY ROAD
City-State-Zip:	CAPE ELIZABETH ME 04107

Title	D
Name	MCALLISTER, BRUCE
Address	224 BAHAMA LANE
City-State-Zip:	PALM BEACH FL 33480

Title	DIRECTOR
Name	ACKERMAN, IRWIN
Address	107 DOLPHIN
City-State-Zip:	PALM BEACH FL 33480

Title	DVC
Name	MONKS, MILLICENT
Address	96 MONASTERY ROAD
City-State-Zip:	CAPE ELIZABETH ME 04107

Title	D
Name	NEDERLADER, ROBERT
Address	270 KAWAMA LANE
City-State-Zip:	PALM BEACH FL 33480

Title	OFFICER
Name	JOHNSTON, WILLIAM
Address	202 KENLYN ROAD
City-State-Zip:	PALM BEACH FL 33480

Title	DIRECTOR
Name	ALGER, FRED
Address	6 VIA VIZCAYA
City-State-Zip:	PALM BEACH FL 33480

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: DALE COUDERT**DC****02/09/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DANSBY, SUZANNE
Address 2561 BOHLER ROAD NW
City-State-Zip: ATLANTA GA 30327

Title DIRECTOR
Name LALLERSTEDT, FORD
Address 235 SUNRISE AVENUE
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR
Name FELDMAN, SAM
Address 216 VIA MARILA
City-State-Zip: PALM BEACH FL 33480