

2019 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:** Yes**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, MILLICENT
Address	96 MONASTERY ROAD
City-State-Zip:	CAPE ELIZABETH ME 04107

Title	DVC
Name	MONKS, ROBERT
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	D
Name	GUILD, RALPH
Address	622 NORTH FLAGLER DRIVE, APT 201 S. FLAGLER DRIVE
City-State-Zip:	WEST PALM BEACH FL 33401

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

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

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**PRESIDENT****02/06/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date