2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State
03-09-2004 90035 038 ****61.25

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1. Entity Name
COUDERT INSTITUTE, VILLA DEI FIORI, INC.

Principal Place of Business	Mailing Address
163 SEMINOLE AVE PALM BEACH, FL 33480	163 SEMINOLE AVE PALM BEACH, FL 33480

02202004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-1094183
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COUDERT, DALE
163 SEMINOLE AVE
PALM BEACH, FL 33480

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is ~~$61.25~~
Due by ~~May 1, 2004~~

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	COUDERT, DALE
STREET ADDRESS	163 SEMINOLE AVE
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	DVC
NAME	MONKS, MILLICENT
STREET ADDRESS	220 OCEAN TERR
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	DVC
NAME	MONKS, ROBERT
STREET ADDRESS	220 OCEAN TERR
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	D
NAME	SIEBERT, MURIEL
STREET ADDRESS	885 3RD AVE
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	D
NAME	WEINTZ, TODD
STREET ADDRESS	1306 S LAKESIDE DR.
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	D
NAME	~~ALLISON, DWIGHT~~ GUICO, RALPH
STREET ADDRESS	~~4015 SHELLDRAKE LANE~~ 10 South Lake Trail
CITY-ST-ZIP	~~BOYNTON BEACH, FL 33436~~ Palm Beach, FL 33480

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Dale Coudert 3/4/04 561-659-9752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #