2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000001963

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

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01042006 No Chg-NP CR2E037 (11/05)

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, 2006

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	WHITEHEAD, ANNE
STREET ADDRESS	233 BAHAMA LANE
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	D
NAME	GUILD, RALPH
STREET ADDRESS	10 SOUTH LAKE TRAIL
CITY-ST-ZIP	PALM BEACH, FL 33480

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05/04/06-80001-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 4/18/06 561-659-9752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DALE COUDERT