

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90203 009 \*\*\*\*61.25

**DOCUMENT # N01000001963**

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



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

Mailing Address  
163 SEMINOLE AVE  
PALM BEACH, FL 33480



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
65-1094183

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COUDERT, DALE  
163 SEMINOLE AVE  
PALM BEACH, FL 33480

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DC ☐ Delete  
NAME COUDERT, DALE  
STREET ADDRESS 163 SEMINOLE AVE  
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE Director ☐ Change ☒ Addition  
NAME Robert Nederlander  
STREET ADDRESS 370 Kawama Lane  
CITY-ST-ZIP Palm Beach FL 33480

TITLE DVC ☐ Delete  
NAME MONKS, MILICENT  
STREET ADDRESS 280 OCEAN TERR 96 Monastery Rd  
CITY-ST-ZIP PALM BEACH, FL 33480 Cape Elizabeth ME 04107

TITLE Director ☐ Change ☒ Addition  
NAME Jeremy Wiesen  
STREET ADDRESS 254 E 68th Street  
CITY-ST-ZIP New York NY 10021

TITLE DVC ☐ Delete  
NAME MONKS, ROBERT  
STREET ADDRESS 280 OCEAN TERR 96 Monastery Rd  
CITY-ST-ZIP PALM BEACH, FL 33480 Cape Elizabeth ME 04107

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SIEBERT, MURIEL  
STREET ADDRESS 885 3RD AVE #1720  
CITY-ST-ZIP NEW YORK, NY 10022

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME WHITEHEAD, ANNE  
STREET ADDRESS 233 BAHAMA LANE  
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GUILD, RALPH  
STREET ADDRESS 10 SOUTH LAKE TRAIL  
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/07

561-659-9752