

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90019 006 ****61.25

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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

40024141



DO NOT WRITE IN THIS SPACE

02012008 No Chg-NP

CR2E037 (4/06)

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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IN THIS SPACE**

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, 2008

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	96 MONASTERY ROAD
CITY-ST-ZIP	CAPE ELIZABETH, ME 04107
TITLE	DVC
NAME	MONKS, ROBERT
STREET ADDRESS	96 MONASTERY ROAD
CITY-ST-ZIP	CAPE ELIZABETH, ME 04107
TITLE	D
NAME	SIEBERT, MURIEL
STREET ADDRESS	885 3RD AVE #1720
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	D
NAME	NEDRLADER, ROBERT
STREET ADDRESS	270 KAWAMA 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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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 changed, or on an attachment with an address, with all other like empowered.