

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001963

FILED
Mar 10, 2009
Secretary of State

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

Current Principal Place of Business:

163 SEMINOLE AVE
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

163 SEMINOLE AVE
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 65-1094183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COUDERT, DALE
163 SEMINOLE AVE
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: COUDERT, DALE
Address: 163 SEMINOLE AVE
City-St-Zip: PALM BEACH, FL 33480

Title: DVC () Delete
Name: MONKS, MILLICENT
Address: 96 MANASTERY ROAD
City-St-Zip: CAPE ELIZABETH, ME 04107

Title: DVC () Delete
Name: MONKS, ROBERT
Address: 96 MONASTERY ROAD
City-St-Zip: CAPE ELIZABETH, ME 04107

Title: D () Delete
Name: SIEBERT, MURIEL
Address: 885 3RD AVE #1720
City-St-Zip: NEW YORK, NY 10022

Title: D () Delete
Name: NEDERLADER, ROBERT
Address: 270 KAWAMA LANE
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: GUILD, RALPH
Address: 10 SOUTH LAKE TRAIL
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DALE COUDERT

MRS.

03/10/2009

Electronic Signature of Signing Officer or Director

Date