2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2025
Secretary of State
5724701513CC

DOCUMENT# N01000001963

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

Current Principal Place of Business:

1217 S. FLAGLER DRIVE, 3RD FLOOR
WEST PALM BEACH, FL 33401

Current Mailing Address:

163 SEMINOLE AVE
PALM BEACH, FL 33480 US

FEI Number: 65-1094183

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

Title	DC
Name	COUDERT, DALE
Address	163 SEMINOLE AVE
City-State-Zip:	PALM BEACH FL 33480

Title	CHAIRMAN
Name	JOHNSTON, WILLIAM
Address	202 KENLYN ROAD
City-State-Zip:	PALM BEACH FL 33480

Title	DIRECTOR
Name	ALGER, FRED
Address	6 VIA VIZCAYA
City-State-Zip:	PALM BEACH FL 33480

Title	DIRECTOR
Name	FELDMAN, SAM
Address	216 VIA MARILA
City-State-Zip:	PALM BEACH FL 33480

Title	D
Name	NEDERLADER, ROBERT
Address	270 KAWAMA LANE
City-State-Zip:	PALM BEACH FL 33480

Title	DIRECTOR
Name	ACKERMAN, IRWIN
Address	107 DOLPHIN
City-State-Zip:	PALM BEACH FL 33480

Title	DIRECTOR
Name	DANSBY, SUZANNE
Address	2561 BOHLER ROAD NW
City-State-Zip:	ATLANTA GA 30327

Title	DIRECTOR
Name	LALLERSTEDT, FORD
Address	235 SUNRISE AVENUE
City-State-Zip:	PALM BEACH FL 33480

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I hereby 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 all other like empowered.

SIGNATURE: DALE COUDERT DC 01/14/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SCHWARTZ, DENISE
Address	944 FIFTH AVE
City-State-Zip:	NEW YORK NY 10021