

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N10825** (0)

1. Corporation Name

**FOUNDATION FOR THE CARE AND CURE OF HUNTINGTON'S DISEASE, INC.**



Principal Place of Business

Mailing Address

**82681 OVERSEAS HWY  
ISLAMORADA FL 33036**

**PO BOX 1084  
ISLAMORADA FL 33036**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHEA, DENNIS R.	
STREET ADDRESS	82681 OVERSEAS HWY	
CITY - ST - ZIP	ISLAMORADA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	VITTORIA, THEODORE J.	
STREET ADDRESS	44 GREENWICH AVENUE	
CITY - ST - ZIP	SCARSDALE NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOLEY, ROBERT H.	
STREET ADDRESS	87801 OVERSEAS HIGHWAY	
CITY - ST - ZIP	ISLAMORADA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOCOVARE, JOHN W.	
STREET ADDRESS	55 PROSPECT STREET	
CITY - ST - ZIP	SUMMIT NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAZZARINI, ALICE	
STREET ADDRESS	28 STROWBRIDGE AVENUE	
CITY - ST - ZIP	TABOR NJ	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BAILY, SAMUAL L.	
STREET ADDRESS	58 SOUTH LAKESIDE DR.	
CITY - ST - ZIP	PISCATAWAY NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ellen T. Reed	
1.3 STREET ADDRESS	82681 Overseas Hwy.	
1.4 CITY - ST - ZIP	Islamorada, FL 33036	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mabel Vasniles	
2.3 STREET ADDRESS	P. O. Box 68	
2.4 CITY - ST - ZIP	Islamorada, FL 33036	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	David K. Shea	
3.3 STREET ADDRESS	128 Sussex St. 3 B	
3.4 CITY - ST - ZIP	Jersey City, NJ 07302	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Nancy S. WExler, Ph.D.	
4.3 STREET ADDRESS	722 W. 168th St. Box 58	
4.4 CITY - ST - ZIP	New York, NY 10032	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Dr. P. Michael Conneally	
5.3 STREET ADDRESS	7843 N. Audubon Rd.	
5.4 CITY - ST - ZIP	Indianapolis, IN 46250	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Jennifer Shea	
6.3 STREET ADDRESS	7 Park Avenue 11 A	
6.4 CITY - ST - ZIP	New York, NY 10016	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)