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Jan 21 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 33036-1084



3. Date Incorporated or Qualified
08/22/1985

3a. Date of Last Report
01/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-2584925

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME SHEA, DENNIS R.
STREET ADDRESS 82681 OVERSEAS HWY
CITY - ST - ZIP ISLAMORADA FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME David K. Shea
1.3 STREET ADDRESS 128 Sussex St. # 3 B
1.4 CITY - ST - ZIP Jersey City, NJ 07302

TITLE TD ☐ DELETE
NAME VITTORIA, THEODORE J.
STREET ADDRESS 44 GREENWICH AVENUE
CITY - ST - ZIP SCARSDALE NY

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME Nancy S. Wyler, Ph.D.
2.3 STREET ADDRESS Columbia Univ
2.4 CITY - ST - ZIP 722 W. 168th St. Box 58
New York, NY 10032

TITLE D ☐ DELETE
NAME FOLEY, ROBERT H.
STREET ADDRESS 87801 OVERSEAS HIGHWAY
CITY - ST - ZIP ISLAMORADA FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME Mabel Vasiles
3.3 STREET ADDRESS P.O. Box 68
3.4 CITY - ST - ZIP Islamorada FL 33036

TITLE D ☐ DELETE
NAME LOCOVARE, JOHN W.
STREET ADDRESS 55 PROSPECT STREET
CITY - ST - ZIP SUMMIT NJ

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME P. Michael Conneally, Ph.D.
4.3 STREET ADDRESS 7843 N. Audubon Rd.
4.4 CITY - ST - ZIP Indianapolis IN 46250

TITLE D ☐ DELETE
NAME LAZZARINI, ALICE
STREET ADDRESS 28 STROWBRIDGE AVENUE
CITY - ST - ZIP TABOR NJ

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME Ellen Reed
5.3 STREET ADDRESS P.O. Box 1205
5.4 CITY - ST - ZIP Islamorada FL 33036

TITLE D ☐ DELETE
NAME SHEA, JENNIFER
STREET ADDRESS 7TH PARK AVE
CITY - ST - ZIP NEW YORK NY

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 # 0024302

CR2E037 (9/96)