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Jan 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



3. Date Incorporated or Qualified

08/22/1985

4. FEI Number

59-2584925

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☒

No

2 new

2. Principal Place of Business

2a. Mailing Address

399 Palm Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Islamorada FL

Zip

Country

Zip

Country

33036

USA

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 **D** ☐ DELETE
NAME **DAVID K. SHEA**
STREET ADDRESS **128 SUSSEX ST. #3B**
CITY-ST-ZIP **JERSEY CITY NJ**

TITLE **D** ☐ DELETE
NAME **NANCY S. WEXLER, PHD**
STREET ADDRESS **COLUMBIA UNIV. 722 W. 168TH BOX 58**
CITY-ST-ZIP **NEW YORK NY**

TITLE **D** ☐ DELETE
NAME **MABEL VASUILES**
STREET ADDRESS **P.O. BOX 68**
CITY-ST-ZIP **ISLAMORADA FL**

TITLE **D** ☐ DELETE
NAME **LOCOVARE, JOHN W.**
STREET ADDRESS **7843 N. AUDUBON RD.**
CITY-ST-ZIP **INDIANAPOLIS IN**

TITLE **S** ☐ DELETE
NAME **ELLEN REED**
STREET ADDRESS **P.O. BOX 1205**
CITY-ST-ZIP **ISLAMORADOA FL**

TITLE **D** ☐ DELETE
NAME **SHEA, JENNIFER**
STREET ADDRESS **311 MADISON AVE.**
CITY-ST-ZIP **SPRING LAKE NJ**

1.1 TITLE **TD** ☐ Change ☒ Addition
1.2 NAME **Vittoria Theodore J**
1.3 STREET ADDRESS **630 Fifth Ave.**
1.4 CITY-ST-ZIP **New York, NY**

2.1 TITLE **TD** ☐ Change ☒ Addition
2.2 NAME **Foley Robert**
2.3 STREET ADDRESS **81801 Overseas Hwy**
2.4 CITY-ST-ZIP **Islamorada FL 33036**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Lazzarini Alice**
3.3 STREET ADDRESS **281 Strawberry Ave.**
3.4 CITY-ST-ZIP **Tabor, NJ**

4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME **Locovare, John W**
4.3 STREET ADDRESS **55 Prospect St**
4.4 CITY-ST-ZIP **Summit, NJ**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Conneally, P. Michael**
5.3 STREET ADDRESS **7843 N. Audubon Rd.**
5.4 CITY-ST-ZIP **Indianapolis, IN**

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

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

Ellen T. Reed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0024153

CR2E037 (10/97)