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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10825

1. Corporation Name

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

Principal Place of Business

399 PALM DR
ISLAMORADA FL 33324
US

Mailing Address

PO BOX 1084
ISLAMORADA FL 33036



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1.1 TITLE VP, D
1.2 NAME Robert Foley DVM
1.3 STREET ADDRESS 87801 Overseas Hwy
1.4 CITY-ST-ZIP Islamorada FL 33036

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
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)(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, with a power of attorney or other like empowered.

SIGNATURE:

SIGNATURE: ELLEN REED Sec. 1-11-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305/664-5044

CR2F037 (11/98)