

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41887

Entity Name: THE BUONICONTI FUND TO CURE PARALYSIS, INC.**Current Principal Place of Business:**1095 NW 14 TERRACE
2-47
MIAMI, FL 33136-1060**Current Mailing Address:**1095 NW 14 TERRACE
2-47
MIAMI, FL 33136-1060**FEI Number:** 65-0244316**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RAATTAMA, HENRY H JR
200 SOUTH BISCAYNE BLVD.
STE. 4500
MIAMI, FL 33131 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	CHAIRMAN
Name	SCHNEDIER, JOHN A
Address	527 MADISON AVE 21 FLOOR
City-State-Zip:	NEW YORK NY 10019

Title	DIRECTOR
Name	SAYFIE, SUZANNE
Address	1095 NW 14 TERRACE
City-State-Zip:	MIAMI FL 33136

Title	PRESIDENT
Name	BUONICONTI, MARC
Address	7390 SW 100 STREET
City-State-Zip:	PINECREST FL 33156

Title	DIRECTOR
Name	ABRAMSON, GARY
Address	7731 FISHER ISLAND
City-State-Zip:	FISHER ISLAND FL 33109

Title	ATAS
Name	BERNING, DIANA C
Address	1095 NW 14 TERRACE
City-State-Zip:	MIAMI FL 33136

Title	SECRETARY
Name	ALDRICH, RICHARD SJR
Address	136 EAST 64TH STREET #5D
City-State-Zip:	NEW YORK NY 10065

Title	VC
Name	DALTON, MARK F
Address	1044 FRANKLIN AVE, SUITE 206
City-State-Zip:	GARDEN CITY NY 11530

Title	DIRECTOR
Name	BANTLE, ROBERT
Address	365 POST ROAD
City-State-Zip:	DARIEN CT 06820

Continues on page 2

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: DIANA C. BERNING**ASST SECRETARY &
TREASURER****03/26/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BUONICONTI, NICHOLAS A II
Address 1095 NW 14 TERRACE
2-47
City-State-Zip: MIAMI FL 33136-1060

Title DIRECTOR
Name CALLAHAN, JAMES M
Address 19615 S LAGRANGE AVE
SUITE B
City-State-Zip: MOKENA IL 60449

Title DIRECTOR
Name CHAMBERS, RAYMOND G
Address 310 SOUTH STREET
City-State-Zip: MORRISTOWN NJ 07960

Title DIRECTOR
Name DIMARE, PAUL J
Address PO BOX 900460
City-State-Zip: HOMESTEAD FL 33090-0460

Title DIRECTOR
Name GANNON, TIM
Address 777 SOUTH FLAGLER DR
SUITE 1801
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR
Name GREEN, BARTH A MD
Address 1095 NW 14 TERRACE
2-47
City-State-Zip: MIAMI FL 33136-1060

Title DIRECTOR
Name PALLOTTA, JIM
Address 280 CONGRESS STREET
12TH FLOOR
City-State-Zip: BOSTON MA 02210

Title DIRECTOR
Name KRAMER, KANDY
Address 1801 WEST 27 STREET
SUNSET ISLAND III
City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR
Name MORRISON, DIANA
Address 25 INDIAN CREEK DRIVE
City-State-Zip: INDIAN CREEK VILLAGE FL 33140

Title DIRECTOR
Name FRENK, JULIO DR.

Title DIRECTOR
Name BROEMAN, INA
Address 11 PUMPKIN CAY RD
#11
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR
Name CARLIN, ADAM
Address 220 ALHAMBRA CIRCLE
10TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name DALTON, W. DALTON
Address 1095 NW 14 TERRACE
2-47
City-State-Zip: MIAMI FL 33136-1060

Title DIRECTOR
Name FERRARO, JAMES
Address 600 BRICKELL AVE
SUITE 3800
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name GRAY, RICHARD
Address 21 HOLMES ROAD
City-State-Zip: ROXBURY CT 06783

Title DIRECTOR
Name RANGER NUNEZ, VICTORIA
Address 2531 DEL LAGO DRIVE
City-State-Zip: FT. LAUDERDALE FL 33316

Title DIRECTOR
Name SIMON, WILLIAM
Address 702 SW EIGHTH STREET
City-State-Zip: BENTONVILLE AZ 72716

Title DIRECTOR
Name LAZENBY, MATTHEW W
Address WHITMAN FAMILY DEVELOPMENT
420 LINCOLN ROAD SUITE 320
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name VIGORITO, THOMAS J
Address ROOSEVELT & CROSS
55 BROADWAY 22ND FL
City-State-Zip: NEW YORK NY 10006

Title DIRECTOR
Name STILLMAN, ALAN

Address UNIVERSITY OF MIAMI
1252 MEMORIAL DRIVE
City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR
Name ANDERSON, RICHARD

Address 7751 SW 62 AVE
200
City-State-Zip: MIAMI FL 33143

Title DIRECTOR
Name CARSON, HARRY
Address 732 BARRISTER COURT
City-State-Zip: FRANKLIN LAKES NJ 07417

Address 880 THIRD AVENUE
4TH FLOOR
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR
Name SCHLEIFMAN, DANIEL

Address 800 PARK AVENUE
City-State-Zip: NEW YORK NY 10021